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ABSTRACT

This document contains presentations and other materials from a 1997 symposium of practitioners, policymakers, researchers, and funders that was convened to discuss education of direct care workers in the field of health care. The document begins with an executive summary and the keynote address "Why Workplace Literacy?" (Larry Mikulecky). Presented next are three presentations by the members of the Addressing Critical Issues in Educating Direct Care Workers panel and two responses: untitled presentation by Wilma Sheffer; "Overcoming Hurdles: Some Critical Issues Confronting the Education of Direct Care Staff in the Healthcare Environment" (Barbara McCandless, Christine A. Katchmar); "Workshops in the Workplace" (Doris Dingle, Natalie Hannon, Claude D. Grant); "Addressing Critical Issues in Educating Direct Care Workers" (Francine Boren Gilkenson); and untitled response by William Ebenstein. Three presentations by members of the How to Implement Workplace Education Programs in the Healthcare Environment: Alternative Approaches panel and two responses are provided: "A Distance Learning Model" (Harvey Huth, Harriet Spector); "Alternative Approaches to Workplace Education in the Healthcare Environment" (Dorothy Seidel, Lorry Villemaire); "The Cooperative Home Care Associates' Training and Employment Model" (Christine Archambault); "How To Implement Workplace Education Programs in the Health Care Environment: Alternative Approaches" (Robert Knower); and "Evaluating Workplace Literacy Programs: A Response to Symposium Panel #2" (Jorie W. Philippi). A summary address, "10 Trends and Potentials for Workplace Education" (James Parker), and the symposium agenda are included along with six program overviews: "St. Louis Community College" (Wilma Sheffer, Lorna Finch); "The Eddy/Rockefeller College" (Barbara McCandless, Christine Katchmar); "Bronx Community College" (Claude Grant, Natalie Hannon, Doris Dingle); "OMRDD/CUNY/CSEA/GOER (Office of Mental Retardation and Developmental Disabilities/Civil Service Employees Association/Governor's Office of Employee Relations)" (Harvey Huth, Harriet Spector); "The Geriatric Authority of Holyoke Resource Center Model" (Lorry

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Villemaire, Dorothy Seidel); and "Cooperative Home Care Associates (CHCA)" (Christine Archambault). Concluding the document are biographies of 18 selected participants; list of 10 exhibitors and contact persons for each; and list of 56 symposium participants. (MN)

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ED 426 265

Workplace Education in the Healthcare Environment:

The Why...

The What...

and The How

A Symposium
November 13, 1997

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**The Eddy/Northeast Health and
Rockefeller College, University at Albany**

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Workplace Education in the Healthcare Environment

The Why . . .

The What . . .

and The How

A report on a meeting of practitioners, policymakers, researchers, and funders

Symposium jointly developed by

Professional Development Program
Rockefeller College
University at Albany
135 Western Avenue
Albany, New York 12222

The Eddy/Northeast Health
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Troy, New York 12180

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This document was prepared by *Joan L. Malone*, Senior Education Specialist, Rockefeller College, University at Albany. The contents of this document do not necessarily represent the policy of the U.S. Department of Education, but rather are reflective of the philosophy and approach of the grant recipient and all the partners identified with the project.

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"We find that front lines have one way of viewing the activities associated with training, but when you ask management, they come up with some different conclusions. Management really saw a practical side of the training. They said people that went through this training came back more enthusiastic, more vital, having more skill sets in areas of communication and problem solving and understanding the value of working in a team."

Jo-Ann Costantino
The Eddy

EXECUTIVE SUMMARY

On November 13, 1997, The University at Albany's Professional Development Program at Rockefeller College and The Eddy/Northeast Health convened a symposium of practitioners, policymakers, researchers, and funders to explore issues and answer questions surrounding *Workplace Education in the Healthcare Environment*. Three major areas were addressed by symposium participants—*The Why, The What, and The How* of educating direct care workers in the field of healthcare:

THE WHY . . .

Why should we have workplace literacy and education programs?
Why should employers or unions pay for them?
Why should taxpayers support them?
Why should learners invest their energy in them?

THE WHAT . . .

What are the issues in dealing with diversity?
What are the challenges of working in an environment with competing values?
What motivates participant buy-in?
What factors enhance workforce professionalism?

THE HOW . . .

How do you assess design and delivery?
How do you negotiate release time and recruitment for on-the-job training?
How do you get support from management?
How will you institutionalize your program?
How do you define "institutionalization"?

The symposium highlighted results of six partnership programs in the field of healthcare that provide training in basic skills to direct care staff such as home health aides, nurse aide trainees, certified nursing assistants, patient care technicians, and other frontline ancillary staff. Workforce development advocates from business, labor, education, and government shared experiences and successful strategies for building and enhancing partnership programs, and for designing and evaluating workplace learning in the healthcare field.

Business and education partners from New York, Massachusetts, Missouri, and Maryland showcased a variety of models and materials. A number of projects are funded by federal grants awarded through the U.S. Department of Education's National Workplace Literacy Program (NWLP). Curricula developed by these projects emphasize the strengthening of essential workforce skills such as listening and speaking, decision-making, problem-solving, report writing, teambuilding, conflict management, and other interpersonal skills .

The overarching theme of the day's presentations focused on the rapid change taking place in today's healthcare environment and the new demands of both technology and market forces on frontline workers. This fast paced environment is changing the structure of what occurs in most workplaces. It is also changing the very nature of people's jobs and the literacy expectations that accompany them.

Welcoming remarks were delivered by Craig Duncan, President and CEO of Northeast Health, located in Troy, New York. Duncan noted that the system of health care is going through what the economists say is 'the largest sector transformation since the industrial revolution'. "Changes that would normally have occurred over a decade are now compressed into a timeline of six months to a year in some cases." Duncan also noted that both health care and education had been pretty much immune to market forces until fairly recently. "Now," he observed, "changes in the market *demand* that we respond to what people need."

Duncan summarized the current changes in the health care system by saying, "We're seeing incredible changes in technology which are wonderful. We're seeing a redistribution of resources in terms of where people access services. We're seeing a realignment of those providers of care, from physicians to nurse practitioners and physician's assistants—just significant changes. We have never been faced with an environment where problem-solving, *effective* problem-solving, decision-making, working in teams, and the ability to understand the dynamics of change and *embrace* change, have been more important."

Jo-Ann Costantino, Executive Vice President and CEO of The Eddy, located in Troy, New York, agreed with Duncan's assessment of the rapid changes occurring in the health care system and noted that, "We're going to face a lot more challenges. We know tomorrow, and over the next six months, everyone is going to be challenged to provide services in different ways and to really even redefine who our customers are."

Costantino spoke about the successful outcomes and employee satisfaction associated with the three-year workplace education initiative between Rockefeller College and The Eddy/Northeast Health. She expressed how helpful it was to know that this kind of initiative works and will prepare staff at all levels to face some of the challenges of the future. Costantino summarized the thrust of the project by explaining, "Frequently, when we do training in the health area, we train on the technical capacity. But, more and more, we really understand that we have to give people the tools to be problem solvers, to think about work skills, to think about ways of communicating better. That was really a large part of the focus of this initiative. It's not the 'technical aspects', but really how to be better team players, better communicators, and better problem solvers."

Issues surrounding ***The Why*** in workplace education were addressed by Keynoter, Larry Mikulecky, Chairman of the Language Education Department, School of Education, Indiana University at Bloomington. Dr. Mikulecky pointed out how many employers and employees now see the 'need' for workplace literacy. "That's a good change. But 'need' has never been enough to really justify programming—never, ever has been enough." Mikulecky offered another way of looking at 'why have these programs' as 'what are the incentives', so that we can begin to spot a pattern of what makes for effective education.

Employer Incentives:

- Government (federal or state) incentive funding to begin programs
- Retention of employees
- Increased productivity and quality (ISO 9000 guidelines)
- Increased safety
- Improved employee relations

Learner Incentives:

- Tuition and course support
- Continued educational advancement toward a degree or certificate
- Monetary gain through bonus or salary increment
- Promotion or credit considered toward promotion
- Job retention consideration during down-sizing
- Intangible benefits (i.e. self esteem, helping families with literacy)

Mikulecky was quick to point out that there are some real *disincentives* that have to be dealt with in basic literacy programs: "Am I going to be fired if they find out how little I'm able to do?" He explained how one CEO supported a program by saying, "We'll use the walnut-covered boardroom to have people meet in." The CEO didn't intend it, but everybody who needed help with literacy had to walk past the president's office. So nobody came. Mikulecky also reminded us that many people who failed at school are convinced that teachers are 'the spawn of the devil' and that if something bad is going to happen to them, a teacher probably has something to do with it. "That kind of a negative past history is something that absolutely needs to be dealt with."

In arguing that one of the things that technology has done is 'dumbed-down' jobs—Mikulecky noted the technical term for that as 'electronic performance support systems'. He explained it further as, "What happens now is, we've tried to take a lot of information that's been available in the heads of Alice and Ted and put it on the computer and make it accessible to a lot of people who aren't as smart or experienced as Alice and Ted ever were. And you kind of 'dumb-down' then what Alice and Ted used to do because the 'electronic performance support system' supports it. The 'plus side' of that is a lot of people can do things maybe not as well as Alice and Ted, but pretty close to it. The 'down-side' is that since they don't have to do all of that stuff, they end up having to do five or six different jobs."

Mikulecky discussed the overlap between healthcare and manufacturing in the creation of new medical instruments that can gather information that is shared electronically and broadly—very, very rapidly. "The level of interpretation becomes a lot broader because you have to look at information coming from several sources. Literacy and skill demands increase for a broader array of personnel. These essentially are SCANS competencies that show up in nearly everybody's occupation—gathering, communicating, and using information in probably ways you didn't have to use it previously because your job's been redesigned."

Mikulecky used the example of how, instead of having the chart at the end of the bed, workers are putting it into a 'Toshiba' to go to some central location where many different people look at it, read and interpret it, and often in a format that differs from the way it used to be for the previous decade—on the chart at the end of the bed. "This broader access to information creates potential communications benefits and problems as well as new training demands."

One of the new technologies that Mikulecky predicts will emerge in healthcare, especially with 'chain hospitals', is called the *intranet*. He explained that instead of the internet, where *everybody* gets tied in, *intranet* would allow only certain people to 'play in the playground'—where information in the database is accessed only by approved employees. He further explained, "In many broadly distributed businesses, like chains, shared information and decisions about ordering equipment and supplies, and changes in whether you need to have new personnel, gets shared in that kind of way, so more people can have access to it." Mikulecky expects that 'teams spread across several locations' will be one outgrowth from the *intranet*, and 'the need to keep track of much more information' will be another.

New demands in quality assurance and customer service are also affecting workers because people are now being much more consumer-oriented in where they want to send their loved ones. Many businesses have started to market themselves based on 'how satisfied' consumers are with the experience. Much of what's going on with customer service now is really 'promising a lot'. And it usually gets delivered by the person with the least training because that's the point of contact and has to be for economic reasons.

Mikulecky summarizes the effects of customer service and quality assurance demands as, "It isn't just 'trust every healthcare provider' . . . it's a lot of skepticism and a lot of consumerism, and a lot of it's irritating, but the bottom line on it is, monitoring worker's performance at every stage of the game. 'How long does it take to answer the phone?' 'How many problems occur in terms of treatment of the sorts of needs that are being met?' How it integrates and how it fits together changes the job, changes the skills, changes the training, changes the sorts of communication, and *uses* of literacy that are called for."

Pointing to a growing body of work in the research community on 'have things gotten easier or have they gotten harder, or is it just a tradeoff?', Mikulecky explained that the consensus now, looking across several industries, is they've gotten slightly harder, but partly it's because of a strange mix of sometimes 'dumbing-down', but having to do more things. And you're constantly having to re-learn so you can do your job plus somebody else's. "So, it isn't that everybody needs to become a 'rocket scientist'. It's that everybody needs to be uncomfortable from now until you die. You have to constantly be learning new things and having changes occur. And it's a mix that sometimes 'this knowledge that I've worked so hard to maintain—they put it someplace else and I've got to learn something else.' That mix is what's going on, and it's going on in healthcare, too."

Issues surrounding ***The What*** of workplace education in the healthcare environment were explored by a panel of business and education partners from Missouri and New York, representing three projects funded by the NWLP. Two Reactors representing workplace education projects in New York City offered responses to the three presentations.

Panel #1 - "Addressing Critical Issues in Educating Direct Care Workers"

Dealing with diversity, meeting the challenges of working in an environment with competing values, motivating participant buy-in, and enhancing workforce professionalism . . .

Panelists:

- Wilma Sheffer and Lorna Finch - St. Louis Community College
- Barbara McCandless and Christine Katchmar - The Eddy/Rockefeller College
- Natalie Hannon, Doris Dingle, Claude Grant - Bronx Community College

Reactors:

- Fran Boren Gilkenson - 1199/Hospital League Training Fund, New York City
- William Ebenstein - Consortium for the Study of Disabilities, City University of New York

Moderator:

- Abe Bolgatz, Rockefeller College, University at Albany

Questions dealing with ***The How*** of workplace education in the healthcare environment were answered by a panel of business and education partners from New York and Massachusetts, representing two NWLP projects. A third presentation was delivered by a representative of a worker-owned home health care agency from the South Bronx. Two Reactors from New York and West Virginia offered responses to the three presentations.

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Panel #2 - "How to Implement Workplace Education Programs in the Healthcare Environment: Alternative Approaches"

How do you assess design and delivery? How do you negotiate release time and recruitment for on-the-job training? How do you get support from management? How will you institutionalize your program? What does "institutionalization" mean to you? . . .

Panelists:

- Harvey Huth and Harriet Spector - New York State
  "OMRDD/CUNY/CSEA/GOER Distance Learning Model"
- Lorry Villemaire and Dorothy Seidel - Massachusetts
  "The Geriatric Authority of Holyoke Resource Center Model"
- Christine Archambault - South Bronx, New York
  "The Cooperative Home Care Associates' Co-Op Model"

Reactors:

- Robert Knower, New York State Education Department - Albany, New York
- Jorie Philippi, Performance Plus Learning Consultants, Inc. - Charleston, West Virginia

Moderator:

- Colin McCarty, The Eddy/Northeast Health - Troy, New York

The symposium ended with a summary address from a federal perspective by James Parker, National Coordinator of Workforce Education for the U.S. Department of Education, Washington, D.C. In his presentation, Parker outlined "trends" he has observed that have emerged in workplace education at state and project levels over the past three years. These trends and potentials include certification for both learners and workplace adult educators, increased use of technology, the quest for outcomes and dedicated assessment, workforce development initiatives, corporate "citizenship"/partnership incentives, and State-by-State policy and funding, including reform from 'Welfare-to-Work' to 'Welfare And Work'. Parker warns that although some trends are in place and show potential, others may remain 'isolated artifacts of progressive practice for some time'. Parker provides a useful Web-based resource list at the end of his paper to illustrate and support the trends he highlighted.

In his closing remarks, Eugene J. Monaco, Special Assistant to the Provost at the Professional Development Program of Rockefeller College concluded that the technology that is available to workers today can become outdated in six months to a year. This creates a constant need for workplace education. This impact is particularly seen in the healthcare environment. Monaco summarized by stating, "The healthcare industry is a fast paced, fast moving environment. That certainly leads to what I consider to be the key—the compelling need for continuing education, the compelling need to continue the programs that we have been able to put together through the federal and state funding that's been available." Monaco reminded the audience that establishing workplace education initiatives is always an 'uphill struggle', but expressed the symposium participants' shared common belief and passion that workplace education in the health care field is not only important, it is essential in order for healthcare to survive.

Larry Mikulecky's closing words again emphasized the need for continuing quality workplace education programs . . . "This matters too much. We know what it takes to do it well. There are ways we can do it well. The programs you are going to hear about today have demonstrated how to do it well. And we also know that it's all too rare—there are lots of our colleagues who are *whistling the tune*, but not *delivering the goods*."

◆◆◆

THE WHY

Workplace Literacy Education: Why Should Employers and Employees Invest?

Issues . . .

- Incentives for Developing Workplace Literacy Programs
- New Literacy Demands of Technology
- Identifying Patterns That Make a Difference

KEYNOTE ADDRESS

Larry Mikulecky, Ph.D.
Chairman of the Language Education Department
School of Education
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"WHY WORKPLACE LITERACY?"

Some ask, "Why have workplace literacy programs? Shouldn't schools have taken care of literacy problems?" The answers to these "Why?" questions reside at several levels. On one level, the questions can be answered in terms of need and new demands thrust upon employers, employees and would-be employees. Job restructuring has resulted in new and greater workplace literacy demands. On another level, it is necessary to also examine the range of incentives for supporting and participating in workplace literacy programs.

New Demands Brought About by Technology and Global Competition

Technology and the new literacies associated with it have transformed the workplace arguably more quickly and more deeply than any of our other institutions. Several forces have brought about and continue to influence transformations of literacy in the workplace. These intertwined economic, organizational, and technological forces have changed the nature of most work. Among these forces are participation in the global marketplace, democratization of workplace decision-making, synchronous production, and multiple roles on most jobs. New technology permeates the work activities of nearly half the adult population and creates new literacy demands for communication, gathering information, solving daily work-related problems, and monitoring performance.

What Literacy Demands Look Like in the New Workplace

Restructuring and technology have changed the nature of many job descriptions from the factory floor to the corporate office. These changes place new literacy demands upon workers and transform the way jobs are done. A few vignettes below demonstrate how technologies and organizational changes are affecting workplace literacy skills (Mikulecky & Kirkley, in press).

New Manufacturing Demands: Using Statistical Process and Quality Control

Because new technology produces products so rapidly, the costliness of mistakes is greatly multiplied. Hourly workers must monitor the quality of what is produced, make adjustments, and communicate compiled information so that system-wide adjustments can be made. The example below is from an hourly job in a wood-products plant.

Several times an hour, the machine operator takes samples of lengths of planking and measures the length of each unit. This involves using and reading a digital printout. The data are then recorded by keying results into a data management program. This is done each quarter hour,
and then data from several trials are tracked. The machine operator uses a computer with menu choices to calculate means and the range of the sample values. This information is graphed, and the worker must interpret the graphs in terms of how much measurements exceed acceptable parameters for quality. The worker needs to decide whether production is sufficiently within preset parameters and, if not, by how much to adjust the settings on the machine. Too small an adjustment will not solve the problem, and too great a change will turn underweight into overweight, producing a new production problem. Keep in mind that the machine is still in production while all this is happening, and the worker's speed in dealing with the sample and making the decision will avoid costly wastage of materials and production time. Because of the rapid speed of machinery, a thirty

minute delay can mean the waste of several thousand dollars of product. Toward the end of the day, the worker will use a word-processing program to type a brief end-of-shift report describing decisions, anticipated problems, down-time, and reaction times if help was requested from another department to perform minor repairs upon a machine. These reports are sometimes e-mailed to a central site where patterns of machine problems are examined and decisions made about replacement and major repair.

New Demands for Solving Problems in Customer Service

Customer service and sales are two of the more rapidly growing occupational areas. Increasingly, competition for business is based upon the quality of service provided. This usually means that good decisions must be made by the person who is providing the initial service. Workers without a great deal of training and education are now expected to use technology to gather information, rapidly answer questions, and often make decisions formerly made by managers. In the example below, computer technology and retrieval makes accessible to every customer service representative the equivalent of thousands of pages of information. Rapidly accessing accurate information, updating the information base, and making good decisions have now become integral parts of many jobs.

A customer service representative (CSR) handling billing inquiries receives a telephone request for late payment. After asking for the customer's name, the CSR can pull up the whole of that customer's record on a computer screen and check on the payment history. Rapid screen reading of print organized in blocks of information is required. At this point, there is an initial decision to be made: How reliable is this customer? Can any extension of time be given? Written policy guidelines may be accessed via a hyper-text screen to consult a set of rules concerning the length of such an extension and whether some percentage of the bill must be paid immediately. After calculating the effect of the rules (in this case using another function of the computer), the CSR tells the customer the result—and probably generates a discussion on the possibility of the customer paying as required. If the CSR is unable to answer the questions during the brief time the customer is on the phone, a letter will need to be sent. A word-processing program with several dozen form letters will be called up on the screen. The CSR will be expected to select an appropriate form letter from menus, modify the address and body of the form letter appropriately, and print a letter and envelope to be mailed to the customer.

Managing Information in the Office

A secretary at a middle-sized corporation begins her workday by turning on a computer. Much of the staff communicates through electronic mail rather than by memos or phone calls. She uses her computer system as both a mail and information manager. She first scans the computer screen for the e-mail addresses and determines which messages are most important to read. She skips over the less important messages until she has more time. As she reads each message, she makes handwritten notes of actions she needs to take, such as reserving a conference room and ordering word processing software for the new computers. She then composes an e-mail message to the work team to which she is assigned informing them of an upcoming meeting, and then sends the message to them. She saves each message in an appropriate folder on the computer. Her computer's folders are similar to folders in filing cabinet—she uses them as a place to save or store information.

Her next task is to prepare charts for a team presentation to be made later today. She reads instructions from an e-mail sent by a team member requesting her to make a chart that shows the fluctuating prices of oil over the past two years and then create a graph that will show the patterns of prices over the past 12 years. She opens her computer's spreadsheet software, which consists of small boxes or cells that enable her to create tables and graphs and store the information. This is a complex, multi-step process which requires her to use hyper-text help screens several times to clarify questions she has. The day will continue with requests for information, documents to be designed, meetings to be scheduled, and two or three emergencies arriving via fax, e-mail, and telephone call. The secretary's day will be a stream of information to be understood, processed and communicated.

Patterns and Trends

The jobs highlighted in most of these vignettes are held by individuals with little or no post-secondary education. The pay is above minimum wage, but not by an extraordinary amount. Over the past decade, most of these workers have seen a steady increase in the skills and flexibility demanded of them and they have also seen fellow workers released as employers "down-sized" to become more competitive. Because there are fewer of them in a given department, they have less social support and must function independently much more often. When they spend time with others, it is often in a scheduled meeting with its own new set of literacy and communication demands. When work demands increase beyond their capacity to function, they face the additional chore of informally training temporary workers. The most competent and highly trained of these temporary workers may be offered full-time positions. On top of all this, newly arriving technologies keep the new demands coming.

Incentives for Funding and Participating in Workplace Literacy Programs

There is evidence of a need for increased literacy and technological training for the workplace. This is not, however, sufficient to bring workplace literacy programs into existence in a given location or to ensure that adults will choose to enroll in them. For this to occur, there must be sufficient incentives for both program providers and program attenders.

A review of existing workplace literacy program descriptions reveals several effective incentives for both employers and employees. An effective balance of incentives for funders and participants is usually needed for program success (Mikulecky, 1995).

Setting up workplace literacy programs takes a good deal of effort in terms of program design, selecting appropriate instructors, and arranging for sufficient learning time, space and resources. Usually several employer incentives are operating in places providing successful workplace literacy programs. Among incentives which research has shown to be persuasive to employers who mount programs are the following:

- Government (federal or state) incentive funding to begin programs
- Retention of employees in industries where new demands lead to attrition
- Increased productivity and quality (ISO 9000 guidelines)
- Increased safety (many programs begin with literacy courses linked to safety)
- Improved employee relations (programs jointly planned by employees & employer)

For programs to succeed and last, students must agree to enroll and return to classes. Program success is often associated with the degree to which situations and program planners can provide some of the following learner incentives:

- Tuition and course support
- Continued educational advancement toward a degree or certificate
- Monetary gain through bonus or salary increment
- Promotion or credit considered toward promotion
- Job retention consideration during down-sizing
- Intangible benefits (i.e. self-esteem, helping families with literacy problems)

Effective Programs

Most workplace literacy programs are brief (i.e. less than 50 hours of instructional time). This is the equivalent of less than two weeks time spent in high school. Program effectiveness, must be judged in terms of the degree to which 50 hours of instruction can accomplish reasonable goals. A recent examination of several workplace literacy programs selected for effectiveness has revealed some patterns in relation to program elements, emphases and results (Mikulecky & Lloyd, 1997). The patterns were these:

1. Use of the vast majority of class time for literacy practice was important.
   Learners in programs spending over 70% of course time reading and writing had a mean gain over three times that of the other learners in terms of expanded sophistication of literacy strategies.

2. Workplace literacy improvement didn't come without practice using workplace materials.
   Learners who used workplace examples in class more than 20-30% of the time demonstrated gains in workplace literacy abilities of nearly twice that of the other learners.

3. Changing learner attitudes and educational goals required regular, planned, brief discussion.
   Learners who had regular brief, planned discussions about their own literacy improvements as well as future educational options demonstrated gains in reading scores which were nearly three times that of the other learners and also significantly outperformed other learners in terms of developing more concrete educational plans and developing a stronger self-concept about their own literacy abilities.

To summarize: In very brief (50 hour programs), time must be managed very wisely. Most workplace literacy classes last about two hours. If one desires improved sophistication in literacy strategies, improved workplace skills, and improved attitudes and educational goals, one should have students practicing literacy 90 minutes of each two-hour class and use the remaining half-hour for regular planned feedback about learner literacy strategies, individual growth and future educational possibilities.

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THE WHAT

Addressing Critical Issues in Educating Direct Care Workers

Issues . . .

- **Dealing with Diversity**
- **Meeting the Challenges of Working in an Environment with Competing Values**
- **Motivating Participant Buy-In**
- **Enhancing Workforce Professionalism**

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Thank you for the opportunity to share ideas and experiences from our St. Louis Community College's Workplace Literacy Services Center. Over the past seven years, we have developed numerous workplace essential skills programs. In 1991, we participated as a site for testing a reading assessment instrument based on various adult reading strategies for workplace reading under research conducted by Dr. Mikulecky. We have conducted two demonstration grants for the U.S. Department of Education's National Workplace Literacy Program (NWLP), and it has been during the implementation of these grants that we have developed our model program. The driving principles for the model center on partnerships and collaborative learning that are flexible and responsive to the specific workplace needs. I will be discussing in greater detail some of these principles today. But, first, I would like to tell you a couple of 'horror stories' that illustrate the need for essential skills training in the healthcare industry.

First, the story of the man who had very special dietary needs. His order was specific—nothing but bland, soft foods. However, the dietary aide could not read—notice that I said 'could not' rather than 'did not'. The man received a nice portion of polish sausage, choked on it, and died. Ugh! But so that you don't think I'm talking only about those 'people' who desperately need to be fixed, did you hear about the man who went home from surgery and continued to suffer for several days from a terrible headache? He noticed a bit of gauze in his nose, started pulling it out, and found that 18 feet of gauze had been left up his nose. Well, we certainly didn't plan that, did we!

With these awful stories corrupting this talk, let's get to the heart of what we are about: the 'WHAT' of educating the direct care workers. First, what are the diversity issues and what solutions have we found? A 'traditional', hierarchical personnel system that stratifies the workforce is a key diversity issue that kindles internal friction and strife. Some employees, such as professional and upper-level administrators, expect and receive training and education. Other whole sectors of staff are ignored as either not needing training or not worth training.

During our initial start-up with our business partner who operates the major healthcare system in the St. Louis area, we met with department heads where we discussed our proposal for future essential skills training that could be provided under the auspices of the NWLP grant. The department managers for food service were very adamant that they could not release hourly employees to come to training. It seemed that 'good' workers get promotions and leave their department, or 'poor' workers are fired or just don't come back to work. These managers were already frustrated with the problem of not finding enough workers to staff the available jobs and were also experiencing the 'revolving door' of underskilled workers who lack good work habits or self-management skills. While all hourly workers received a two-hour orientation, no other training was provided based on lack of poor employee retention and a lack of training funds.

We had to prove that the value added to the worker's competencies resulted in significant impact and productivity. But, how would we get managers and supervisors to come to this decision? The solution was to train supervisors in this and other departments which have extraordinarily high numbers of low-skilled, entry-level workers. When those supervisors experienced the value of the training for themselves, that is, the acquisition of workplace competencies and improved interpersonal skills, they were willing to release the hourly workers for training. In fact, the demand for training more entry-level employees continues to expand proportionately to those supervisors who attend our training.

A second issue of diversity that is adversely affecting healthcare workers is the transformation of the 'traditional' jobs, such as those for nurses, nurses aides and housekeepers. Nurses are moving into managerial roles with responsibilities for all functions within the unit. The new Patient Care Technicians (PCTs) or Certified Nursing Assistants (CNAs) fulfill many of those functions that used to be relegated for nurses only, combining the multiple tasks of many varied jobs into one; everything from cleaning the commode, to making the bed, to administering the injection for a patient. This diversity of roles creates resentments at all levels; frustration and anger among nurses who want to do the thing they've been trained to do, that is to nurse, and similar or worse feelings for the PCTs or CNAs who lack the most basic coping or essential skills that are required by those jobs. Compared with other industries, such as automobile manufacturing or banking, the healthcare industry frontline job requires a broader set of duties, tasks, skills and knowledge with considerably more risk to human health and life depending upon those competencies.

Again, convincing professionals of the value of our essential skills program was impacted by training large numbers of hospital support workers in a class called *Customer Service*, which is actually *basic communication*. Course components include skills such as knowing how to listen and respond assertively, knowing how to ask questions, and understanding the subtle nonverbal cues of body language. Outcomes include the worker being a better team player which is essential to affecting improved interpersonal relationships.

The competing value that is central within the healthcare industry is the need to give the very best care that is medically possible to each and every patient that is served while assuring that the healthcare organization survives in a highly competitive industry. Whereas medical technology continues to increase geometrically, the costs for the technology and know-how to use it similarly expand. The value of 'things' as compared with 'people' competes for the available dollars. While the organizational structure is expanded through hospital mergers with multiple operational systems (affording a number of problems and challenges), hospital management is being flattened for cost efficiency purposes. Unfortunately, human resource departments are adversely affected by these many issues. Whereas education and training offer improved solutions to many of the problems, if the organization is still in a 'traditional' or 'transitional model of operation, people will not be valued as the resource that they are, and ultimately, with its people, that system will crash. As an external education provider, we have seen the turmoil with an objective eye.

We have experienced building a partnership relationship with individuals within an industry, only to see that partnership dissolve when a reorganization occurs. We have seen what happens when workers are not equipped to cope with change or are not adaptable to the needs of today's corporate healthcare system. Survival of the organization depends on its people resources. That is the driving philosophy of a 'learning organization'. Since the automobile industry has turned around America's perception of the American-make vehicle in less than a decade, the same quality principles that provided for training and educating production workers in those companies are the same principles that will give the competitive edge to the healthcare industry within this country.

Participant buy-in is directly related to 'who owns the program' and whether the multiple stakeholders receive benefits from their co-investments. Referring again to the training that we have provided to supervisors, we have found that this method resulted in more participant buy-in than other key methods that we have used. However, successful programs will provide for joint-development of instructional programs, contextualize the curriculum, involve key personnel and workers at all levels, and accommodate the business partner wherever possible to achieve flexible and portable training. We have discovered that what happens when the *what* of instruction, that is a meaningful context, is combined with the *how* of instruction, which is an interactive, facilitated learning process, transference of learning occurs that results in higher productivity, along with job satisfaction and improved self esteem for workers who need it the most. Facilitation of collaborative learning is the heart of our instruction.

Our instructional efficiency has increased and we can now deliver the short-term courses, customized to specific departments in a timely way. We have found that this responsiveness fits the changing world of business while advancing the skills of those for whom we are advocates. These are the underskilled workers who fill those myriad positions that provide support for the healthcare industry; those who grow, not so miraculously, into self-managing, independent, reliable, competent workers, through well-planned, well-intentioned, outcome-based instructional programs. Work force professionalism can be attained with time and effort. Please, don't forget to allocate the training dollars. Speaking from experience, our survival depends on it!

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"OVERCOMING HURDLES: SOME CRITICAL ISSUES CONFRONTING THE EDUCATION OF DIRECT CARE STAFF IN THE HEALTHCARE ENVIRONMENT"

Today, in this country, the elderly represent the fastest growing population group. Every day more than 5,600 persons celebrate their 65th birthday, marking the entrance into "old age." While in 1985, people over 65 numbered only 28.5 million or 12 % of the US population, the anticipated percentage by the year 2000 is expected to be over 13% and over 21% by 2030. Considering that in 1900 the average life expectancy was 50 years old and that now, at the turn of the century, the average life expectancy is nearly 80 for males and spans well into the mid-80's for females, the burgeoning of the eldercare population and the resultant impact on the healthcare industry is obvious. Current demographics in the U.S. population foreshadow significant growth of the eldercare industry well into the next century. This may present one of the biggest challenges that the modern healthcare industry has confronted to date.

This trend leads logically to an increased need for qualified and educated frontline healthcare workers, particularly nursing assistants and home health aides. While regulations for such workers vary from state to state, the job skills needed by individuals in the job titles are similar throughout the country. Also consistent across the industry are the ongoing changes in caregiving technologies and practices. This phenomenon of continuous change is pervasive and has become relentless. It will continue to create an ongoing need for a high level of education and training targeted to these critical support professions that is transportable from environment to environment. With customer service surveys as well as audits and quality reviews showing that the level of service and care that these workers provide is directly related to both the perception of and actual quality of care and service that a particular institution provides, the need to attend to the education and training and ongoing development of the skills and knowledge of this population is clear. Therefore, the retention, initial training, and ongoing professional development of these workers needs to be a priority for the eldercare industry.

Yet, providing education and training in the healthcare environment presents unique hurdles that must be overcome and issues that must be addressed. They appear to fall into three categories: the attributes of the population, the circumstances of the workplace, and the finances.

One of the first issues is the nature of the population entering into these professions. These jobs traditionally have attracted applicants who may not have been particularly successful in the standard academic program of high schools. In fact, the high school diploma is not necessarily a standard requirement for employment. Often, the attributes of the successful caregiver are not those required for a successful academic experience. Yet to be eligible to be employed as a caregiver, an individual must complete a rigorous initial training program, for which he or she may or may not be compensated depending upon the particular institutional setting. Then, to secure employment within the first months following the initial period, the individual must perform to standard on a state qualifying exam.

The industry standard during this initial training is a 50% drop out rate. A similar attrition rate follows the population during the first six months of employment. Many issues are involved that work to create this situation. The high drop out rate during the initial training period may be due, in part, to low-level literacy skills of the population. There are other real issues presented by the process that the industry has put in place. Each provider must address these issues in its own environment to achieve a successful initial training and development period that will not only retain the employee but also develop the essential skills necessary for him or her to provide the quality and consistency of care demanded by the job.

The ongoing drop out rate during the first six months of employment has been attributed to the growing awareness on the part of the candidate of the high level of skill and responsibility required in the areas of decision making, independent learning, documentation, and interpersonal skill, a skill base not necessarily inherent to the population attracted to the field. It is also attributed to the growing awareness on the part of the employees of the demands in schedules and physical skills that the job and workplace bring to bear. Furthermore, during this period, the need for and mandated requirement of ongoing training and development becomes obvious. There is often a significant gap between the skills level for entrance to employment and the skills and knowledge needed for ongoing success in employment. The inevitable clash between the nature of the population and the process continues to work against successful implementation of education and training. Therefore, the demands on the prospective employee in both the initial training phase and the initial employment period present hurdles which work against education in the workplace.

Further issues evolve from the nature of the healthcare environment. In attempting to provide ongoing high-quality educational development, some disconnection with the workplace may arise. The issue of competing for release time from essential job tasks at critical shift hours to participate in learning is real. Short time frames for educational activity, as well as locating activity near the work location, reduces the barriers of time lost, but these solutions are not only not always possible, but also may not be educationally desirable. Therefore, intensive educational development, while intending to support and improve the work, in the short term, works against it. This decision creates a conflict for management and supervisors. Education and training are sometimes perceived as being in conflict with an organizational culture that values them, but that cannot always find time or space to accommodate them.

Cost is another essential issue to consider. Not only does release time for education and training cost in loss of work hours, but often replacement staff must be put in place, which doubles this cost to the system. Furthermore, given the funding formulas of many healthcare systems, space dedicated to training and education is an impossibility. Adding on costs for dedicated training staff and materials presents difficulties to many healthcare organizations.

In full awareness of these issues, The Eddy/Northeast and Rockefeller College developed the *Essential Skills for the Care Team Workforce Development Program* as an innovative approach to human resource development in the healthcare setting. The program is having a system-wide impact upon the specific business environment of The Eddy/Northeast Health within which it is being implemented. It is emerging as a model program that can be transported across the industry. The overall goals of the *Essential Skills* program were articulated as broad and systemic:

- To develop and demonstrate a workplace skills program model for healthcare workers (especially eldercare) that is both effective in the specific context of the business partner and its affiliates and transportable across the industry
- To produce workplace skill gains among the members of the Care Team - the Certified Nursing Assistants, the Home Health Aides, and the ancillary housekeeping, custodial, and food service staffs - to enable completion of initial job training, to support staff to perform job tasks more effectively, and to increase individual job productivity, organizational efficiency, and cost-effectiveness

Both goals are being realized through the two-tier program design and implementation. Tier One for new employees and Tier Two for veteran staff encompass a 20-hour curriculum each. Both were developed by education specialists at Rockefeller College in close collaboration with training staff from Northeast Health. Both curricula are highly experiential and interactive. Each curriculum was tailored for and contextualized to the workplace and the jobs of the employees. Employees develop their skill and knowledge in critical workforce areas using materials and content from the workplace. A performance-based methodology that relies on learners performing actual and simulated tasks from the job setting is incorporated into each session. Teams are encouraged through experiential exercises and activities where participants learn to support one another in the classroom as well as on the front line.

To address workplace issues, all learning sessions take place at the work site on the employees' work time. Facilitators are staff from the workplace as well as educators from the college. Learning sessions are held regularly in all locations of Northeast Health. Instruction is planned in coordination with training and management plans within each affiliate of the business. Ongoing orientation and training sessions for supervisors and managers are essential in order to sustain the educational program while organizational changes occur. The executive level management of Northeast Health gave full support to the training program. The initiative was incorporated into the strategic business plan, an essential element for the success of any educational initiative. Training staff of Northeast Health assumed the training as a part of their regular job functions, which insures ongoing support and institutionalization.

Furthermore, implementation took into consideration efficient use of fiscal resources and, to date, the *Essential Skills* program has kept well within the proposed budget as a result of using existing resources for training and administration. Training sessions take place on-site at the workplace of the employees in existing conference rooms or meeting spaces. Necessary training forms come from existing workplace supplies and equipment inventories. Training materials are kept to a minimum with learners being given only forms that they will use over time. Employee release time is planned at the beginning and end of shifts to reduce loss of productivity and eliminate the need to replace learners on the floor with additional staff. Training sessions occur on all three shifts to minimize disruption to the workplace and to avoid overtime costs.

The Eddy/Northeast Health sees the initial investment of its own resources as well as those of the federal government and the educational partner as leading to a long-term cost-benefit in the form of a more competent workforce. It is evident that thriving in today's business environment requires an organization's workforce to have strong workplace skills. They have realized that their frontline employees must think critically, solve problems, and make decisions; they must work in teams, have a high level of independence, and rely less on supervision; they must have strong communication skills, they must be able to use current technology and up-to-date service and production techniques, and they must be responsive to change. The cost of NOT providing the education and support for this critical skill development is not easily measurable, but is not affordable to a contemporary, forward-thinking workplace. In healthcare, the need for these competencies is underscored by the critical nature of the work since the burgeoning field of long-term care is particularly in need of high-functioning, self-motivated workers. This imperative is highlighted by the cost of human resources - an average 70% of the annual operating budget supports the frontline workers. Attending to workforce development tops the list of management and operational priorities to enable the long-term care provider to deliver the highest quality of ongoing care and services to residents and clients.

To date, the staff of the college and Northeast Health have presented at several national and state conferences and have disseminated the products of the program to adult literacy professionals and members of the health and eldercare industry. Feedback has been positive. Indications are that the model is transportable into similar healthcare systems.

Successful replication, however, will be dependent upon any new system not only considering the issues already faced and accounted for by the *Essential Skills* program, but also by considering issues which will present themselves as unique to the new environment. The Eddy/Northeast Health program was designed and developed with the reality of the workplace in which it was meant to be implemented, in full view of the designers and with the staff of that environment included in the process. During development, adjustments were made to meet the needs of that workplace reality. The system within which it has been implemented included all dimensions of the greater healthcare industry from home care to critical hospital environments. Such an approach is at the heart of the success of the program and will need to be assumed by any similar institution that moves forward with an educational initiative of this nature. It is important to keep in front of developers, as the institution moves into such an initiative, that it is a long-term investment in the quality of care to clients now and into the future.

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"WORKSHOPS IN THE WORKPLACE"

Workshops in the Workplace, a Workplace Literacy program funded by the United States Department of Education (USDOE), is a partnership among three businesses and the Business and Professional Development Institute (BPDI) of Bronx Community College. The goal of this project, as defined by USDOE, is to improve productivity of the work force through the enhancement of literacy skills. This presentation will focus on the training provided by BPDI to one of its partners, Bronx-Lebanon Hospital Center (BLHC).

BLHC is a major employer of the South Bronx with approximately 3500 employees, providing care for a primarily Medicaid and indigent population. It has a multicultural workforce where 98 different languages and dialects are spoken. Given the downsizing of hospitals and the advent of managed care, there is a need for a much more highly literate staff. Hospitals moving toward a multi-skilled workforce need a staff who can not only read and write, but have computational skills and a high level of communication and problem solving skills.

Prior to the inception of this grant, the Hospital had worked with BPDI on other literacy projects, one funded by the Department of Education and the other funded by the League/1199 Training Fund. We had learned a great deal of what worked at BLHC (which probably holds true for other organizations):

1. Hold classes for ESL and non-ESL students separately. ESL students often feel frustrated in larger educational settings because they do not always understand what is going on; non-ESL students, on the other hand, feel that the slower pace required for ESL students often impedes their learning.

2. Aim for homogeneity of participants by selecting those whose goals match their workplace interests. It is better to teach people with different occupations who work in the same unit, e.g. counselors and nurses aides in a methadone clinic, since many of their workplace learning needs overlap, than persons in the same job title from different units.

3. Customize the curriculum by using job-specific materials, including the union contract, policy and procedure manuals, medical charts, and psychosocial histories, to name a few. Workers react more positively to learning when what is being taught has a direct application to the work environment.

4. Ensure positive organizational support for the training by involving supervisory and managerial staff, as well as potential participants, at the beginning: from curriculum planning, to scheduling, to providing adequate space.

Given the knowledge we had acquired prior to the beginning of the project, we knew how the project was to be structured. At first, we decided to focus on our ambulatory care sites, as these are areas in which the Hospital is experiencing growth. The first phase of the project consisted of eighteen weeks of training in our Methadone Maintenance Clinic where the focus of the training was on team/image building and communication skills. An eighteen week training was then conducted at our outpatient alcohol clinic where the emphasis was on team/image building and writing skills—an essential skill in documentation of charts. Because of the success of the programs at our outpatient substance abuse services, the staff in our inpatient substance abuse services insisted upon training. A 'Train-the-Trainer' program for our supervisors and some receptionists of our primary care clinics was conducted in the Spring of 1997.

At each of these sites, the first step was conducting literacy audits and task analyses. Literacy audits have two primary functions; to get input from employers as to the training needs of their workers and to gain input from potential participants to see what their learning needs were. The task analyses enabled us to develop a list of the duties and tasks performed on the job so that we could identify job-specific workplace skills and subsequently verify and validate the skills necessary for the job. Data from these instruments were used to develop specific curriculum for each individual unit.

Once the curriculum was developed, different teaching strategies were used to present the learning modules. For example, at the alcohol clinic where there was a need for improved writing skills, a variety of nonthreatening modalities were developed to teach writing (People often do not like to write, particularly those who have a difficult time writing), i.e. role playing, where the interviewer (counselor) and observers recorded pertinent notes during client interviews from which the counselors then wrote psychosocial histories; paired reading and critiquing of their written work, either with a buddy or the trainer.

Since the grant was limited to three years, the last session was a 'Train-the-Trainer' so that frontline staff would be prepared to continue workplace training, which is an ongoing thrust of the Hospital. Supervisors from our primary care clinics were trained in educational practices and procedures that included principles of adult learning, learning domains and instructional methodologies which focused on various delivery systems such as lecture, role play, case study, group formats, and observations. Each participant prepared a curriculum relevant to the needs of their workers. They then presented a lesson from their curriculum to the class. This fall, the trainers will be involved in training their staff under the guidance of the project trainer.

What, if any, impact has the training had? Positive changes can be summarized accordingly:

1. Acceptance of workplace education as a viable way to improve literacies; that is those basic skills necessary to function effectively as well as job specific skills (e.g. writing skills necessary to function effectively)

2. Enhanced introspection on the part of the participants into "self" and awareness of how "self" impacts the whole organization

3. Greater awareness of weaknesses in basic literacy skills and a desire to improve

4. Attitudinal changes towards some aspects of work resulting from the application of strategies to process work

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REACTION PAPERS

Addressing Critical Issues in Educating Direct Care Workers

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To begin, I would like to thank the presenters for sharing the experiences, work and ideas of your programs. Each is an outstanding example of successful workplace literacy program development. All, are innovative and creative examples of programs which are portable, easily replicated and have implications for the delivery of workplace literacy programs in a variety of settings. There is much to be gained from your work and much to build on.

As I read through the presentations, I was struck by the "common ground" described by everyone. I refer to those elements which were reported by all presenters as essential to the development of workplace literacy programs. Elements which must be present if we are to meet the goals of: improving or enhancing job performance; providing incentives for seeking further educational opportunities; building self confidence and creating pathways to career advancement.

What is the common ground?

- Involvement of key personnel in both programmatic decision making and in the training
- Contextualized curriculum which focuses on use of job related materials
- Collaboration and partnership with employers
- Interactive and varied teaching strategies
- Career ladders/opportunities for further educational development

Success was also attributed to the following factors by program presenters and by Dr. Mikulecky in his remarks:

- Classes held at worksites
- Release time for training
- Homogeneity of participant groups
- Monetary gain through bonus or salary increment
- Job retention
- Tuition and course support
- Promotion or credit toward promotion
- Intangible benefits such as helping families with literacy problems

I could not agree more that the common ground success factors cited by the presenter are integral to the success of all workplace literacy programs and that workplace literacy programs must be supported, delivered and developed using the models described. However, given the current health care environment of rapid change in the workplace, we must also consider using these models, alongside job training programs which will be required of most health professionals as we approach the changing workplace of the 21st century.

In the current health care environment, jobs are being restructured, re-engineered, eliminated and are disappearing. Workers are required to be multi-skilled, critical thinkers, decision makers, communicators and must understand new technologies overnight. Educators are faced with the challenge of providing job training programs to workers who are at risk of losing their jobs unless they are successful at meeting the demands of new job training programs. Many of these workers are in need of essential skills (reading, writing, English, communication, etc.) in order to successfully complete job training. The challenge for educators is to both create workplace literacy and job training programs which work together and can be delivered over the short term in order to assure job retention.

This type of program is currently underway at the Health Care Industry/1199 Training and Education Fund. It was developed using the "common ground" approach but added three essential elements to ensure success.

Adding to the "Common Ground"

- **Labor Input**
  Labor/Management contracts governing layoffs and retaining, lead to success. Labor management cooperation creates the incentive and institutional support for the integration of literacy instruction and job training. This context provides a setting in which members can take risks, work together and aspire to achieve.
- **On the job follow up and support after training**
- **Small class size, small group learning, peer support**

The Training Fund Approach

In the restructured healthcare environment, the titles of Nurses Aide, Phlebotomist and EKG Technician are being combined to form a new position called, Patient Care Technician. Many of the workers trained for these positions are entry level housekeepers and nurses aides who are in need of literacy support services in order to successfully complete the training. They are not excluded from the training because of this need. They are included in the training and offered the necessary literacy support. The Training Fund developed a program with standardized curriculum modules in the areas required of the job (CNA, phlebotomy, and EKG) and developed a contextualized literacy support program to complement the training. Both are offered at the same time. This program combines the following key elements into a job training and education program:

- ✓ It is set up with the involvement of all **key personnel: labor, management, workers and educators** to design and structure the program.
- ✓ A **contextualized literacy curriculum** supports the job training.
- ✓ The program is a **collaborative** effort among the partners.
- ✓ **Interactive and varied teaching models** are used which include small group instruction, and peer support in small classes.
- ✓ Workers are offered an opportunity to **continue training** in other training fund supported activities which include opportunities for further job growth.
- ✓ Classes are offered at the **worksite** on **release time**.
- ✓ Workers are offered a **salary increment** after successfully completing the training and are placed in the new job.

This type of program questions many of the assumptions made by educators and trainers who see job training as separate and apart from workplace literacy education programs. It includes individuals who might, under other circumstances, be excluded because of literacy levels. These assumptions are particularly apparent when literacy levels, as measured by standardized test scores, determine entry to training and when training demands more literacy than the jobs for which it is supposed to prepare workers. The Training Fund model affords workers an opportunity to meet the immediate need of job retention in a context which builds in the literacy skills necessary to successfully complete the training. This can only be accomplished with labor/management cooperation.

In this time of rapid change in the industry, we should continue to provide workplace literacy programs. These programs should anticipate the changes where possible, paving the way for training programs. However, we must also consider the challenge and the necessity of providing modules which combine education and training for those workers who are at risk of losing their jobs unless both are provided.

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(As transcribed from an oral presentation . . .)

I'm not a workplace literacy person. I'll be drawing from some of my experiences working at the Consortium for the Study of Disabilities at City University of New York in trying to provide education, training and career advancement opportunities with direct care workers. My experiences in the past have been primarily in the mental retardation/developmental disabilities field. I wanted to draw one or two parallels just to that experience.

The idea of having educated, qualified workers isn't a new idea. For those of us who've been working in the mental retardation/developmental disabilities field, we've spent the past twenty five years implementing worker training in the institutions. Then, as the institutions closed and down-sized, there were the non-profits in which it turned out their turnover in group homes and systems of care that were being set up there and now we've moved toward more independent living models, the same problems have followed us all the way through—turnover, and all the things that were on the board—many, many, many of the same things were there and have been worked on in those systems.

The mental health system—we've also seen a lot of changes. We found out, for example, that this one says, "Oh, we'll provide services for the community." That doesn't mean that the capacity is there to do it, or the people are there to provide those services. Here we have even a larger system—the healthcare system, moving through some of the same kind of tremendous changes and confronting the same issues. One question I have is, "Wait a minute—what have we learned? And why are we going through the same things if we haven't really solved this?" In spite of all the great work that's been done and the great training, I think the curriculum and the training is a strong part, but that's not the whole answer. And taken outside of the other issues, it's very hard to be the best trainer or have the best curriculum if you're not dealing with the organizational issues and the systems issues that connect the training to career advancement and organizational changes.

What would an organization look like if it had all these great qualified workers that you have all described? Wouldn't it be different if you had that resource? Wouldn't you organize jobs differently? What would that organization look like? So, it's connected to organizational change and it's connected to having a vision to try to get to that place. And people are experimenting with different kinds of organization. But, my experience tells me that we have to look at it in a broad way. Only training, where training is not backed up by career advancement and organizational changes that go with it, I don't think will be effective.

Systems are created, like healthcare, and it's almost as if we think of the work force and the training as the afterthought. We say, "Okay, we're going to have a community-based system—great, okay—well, let's see, now we need some people to work in there." Now, of course, most of the money, people say, goes to the work force. Most of the money goes to the frontline workers. However, it seems like you design the system first and then you ask, "Well, who's going to come in?" And the response comes back, "Well, anyone can do it—just stick some people in here and give them some training and maybe we can do it." So, it's treated as an afterthought.

On the other hand, everything I've heard has been, "Where's quality?" **Quality occurs in the relationship between a patient and their frontline worker**. That is *everything*. All the talk about quality from all the Commissioners and Executive Director—it's only in *that* relationship. The system should be designed to support *that* relationship. It should be designed *around* that. When we do that, training becomes critical. So, it's not an afterthought added on. It should be something that is the center, building out to support the 'frontline worker-consumer' relationship where quality is determined.

In terms of the challenges, we do need management that's going to buy-in. And managers differ. There are some incredible managers who are willing to change and then there are others. Management buy-in is important. I don't know where you quite get those wonderful Executive Directors who are willing to do things, but there are ones where nothing is going to happen no matter how much training you put in there.

Larry mentioned the incentives. I don't know if I heard that much of it here—tuition, credits toward a degree and getting colleges involved. One part of education and training is literacy. There's a whole other area that includes college degrees, career advancements, salary increments, promotions, etc. What do those look like? How do you deal with an organization in terms of these? How do you promote all these people? What kind of jobs are they doing? How do they do more jobs? All of these issues of training and education relate to broader issues and more fundamental issues.

No matter how hard you try, you can have that in the training curriculum. In fact, there are so many curricula—I could go and get many books on wonderful programs. It's not the training program itself. You can't show its value unless it's in a context of organizational change, at least in dealing with some of the issues here. I'd like to commend all of you who have done fantastic jobs. I just hope that organizations can put this in the front and center of their whole way of thinking because I think that's what it takes.

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THE HOW

How to Implement Workplace Education Programs in the Healthcare Environment: Alternative Approaches

Issues . . .

- **How do you assess design and delivery?**
- **How do you negotiate release time and recruitment for on-the-job training?**
- **How do you get support from management?**
- **How will you institutionalize your program?**
- **What does *institutionalization* mean to you?**

PANELISTS

Harvey Huth and Harriet Spector
"OMRDD/CUNY/CSEA/GOER Distance Learning Model"

Lorry Villemaire and Dorothy Seidel
"The Geriatric Authority of Holyoke Resource Center Model"

Christine Archambault
"Bronx Co-Op Model"

REACTORS

Robert Knower
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Albany, New York

"A DISTANCE LEARNING MODEL"

This paper will focus on the background, implementation and institutionalization of the Distance Learning Program, a demonstration project funded through the U.S. Department of Education's National Workplace Literacy Program (NWLP).

Program Background

The Distance Learning Program is a partnership among the Center for Advanced Study in Education at the City University of New York (CASE/CUNY), the Civil Service Employees Association (CSEA), the New York State Governor's Office of Employee Relations (GOER), and the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD). Verna Haskins Denny (CASE/CUNY) is the project's director and curriculum developer.

The project participants are employed by OMRDD, and are direct care workers who provide direct services to persons with developmental disabilities, and/or mental retardation (consumers); or other OMRDD employees in transitional job titles. Due to a change in how services are delivered to consumers, OMRDD had begun changing service delivery from centralized sites (developmental centers) to smaller, community-based residences (group homes). Before these changes occurred, most of the staff worked in large developmental centers. With the implementation of the changes, new and/or increased demands were being placed on staff. In the past, direct care staff had more face-to-face contact with professional team members. With less contact as a result of the changes taking place, many direct care staff found themselves with increased responsibilities for planning and managing the daily living needs for the consumers under their care. The direct care staff needed to be able to respond quickly and decisively if a problem occurred. And they needed to be able to record and report their actions in more detail and with greater accuracy than had previously been required when these activities were handled by their supervisors or other professionals. These changes were proving very challenging for both staff and management within OMRDD.

The Distance Learning Program was designed to address these major needs, focusing primarily on improved communications and problem-solving skills among direct care staff. The agency was also optimistic that the distance learning model would provide an alternative method of providing in-service training for staff that are spread across a wide geographical area. The distance learning program design offers employees an opportunity to work independently on self-directed learning tasks using a variety of options, without leaving their workplace.

Program Implementation

A most fundamental key to the implementation of workplace education programs in any environment is the active "buy-in" and participation of all stakeholders. This sounds simple enough. Too frequently, however, programs are put into place which have the enthusiastic support of one or more stakeholders and only the tolerance or passive acceptance of other stakeholders. Excellent initiatives have withered away due to lack of support, when labor and management leaders have agreed without active input by the workers themselves. Even when labor, executive management and workers all agree, middle managers and supervisors may feel left "out of the loop" and frustrated with "impractical" or "unrealistic" strategies which they could not implement and which did not meet operational requirements. The key to success is to actively involve ALL stakeholders, starting at the outset, and to keep them all actively involved throughout the duration of the project.

The tasks and issues of assessment, release time, recruitment, and labor and/or management support can be best summed up in ten essential steps. These steps cover the training process from the initial contact or discovery of need to the actual delivery and evaluation of instruction. The following summarizes these ten steps:

I. **Initial Contact.** It is essential that both labor and management start this process together. Explore and clarify the perceived need. A detailed and specific description, mutually agreed upon is essential. The trainer should clarify to the client the scope of expertise and range of resources available.

II. **Establish Commitment.** Meet with top management and labor leadership to establish mutual commitment. Clarify the presenting issue or problem and explore hidden needs and the need to look further. Establish ground rules for the project, including (1) collaboration at all levels, (2) a labor/management project team formed and trained to oversee the project and make related policy and implementation decisions, (3) a signed, written commitment clarifying release time, space, staff time for meetings, etc., (4) all human and fiscal resources will be carefully defined, (5) a careful needs assessment will be conducted. Based upon this discussion of resources, requirements and commitment, a 'go'/'no go' decision is made.

III. **Form and Train a Project Team.** The team should minimally consist of an upper level decision maker, a supervisor, and a training or human resource person from management. Labor members of the team should represent different shifts or locations and a union leader. Team training should address roles and responsibilities, the decision making process (no proxies or deferral of decisions to non-team members), project time line, and the importance of two-way communications (speaking both to and for constituents).

IV. **Select Resource People and Services.** The project team approves the selection of consultants, trainers, or other educational resources needed to conduct needs assessment and any needed training interventions that are identified.

V. **Determine the Assessment Approach.** The project team determines the assessment approach based upon the needs being addressed. Needs focused on limited workers and tasks would require less top-level management involvement and support than organization-wide concerns which would demand substantially more management commitment of human and fiscal support. Appropriate expertise should be obtained to conduct the assessment and a detailed description of assessment activities must be shared with all workers and supervisors involved. Confidentiality can frequently be a concern when assessing worker skills. The project team determines the distribution and use of all assessment findings.

VI. **Conduct the Needs Assessment Activities.** Potential workers and workplace objectives are identified by the assessment. This is done by identifying and describing critical tasks and the specific skills supporting these critical tasks. This will require significant participation by supervisors and carefully selected high performing workers. The assessment report should be reviewed by the team for comment and recommended clarification or revision. The final assessment report, honoring appropriate confidentiality, should be shared with and explained to key stakeholders, such as supervisors, worker groups, managers, and labor leaders.

VII. **Develop an Intervention Plan.** Based on agreed upon training objectives, evaluative criteria for worker and workplace outcomes need to be determined as an initial part of the training design. Training intervention activities are prioritized. The needs and concerns of sub-groups, such as advanced workers, those needing more basic remediation, and non-native speakers, should be addressed in the overall design. Schedule and logistics are also determined by the team.

VIII. **Select or Design the Curriculum.** Although undertaken by competent professionals, the design of a customized curriculum should be guided by the project team. Input regarding content, job tasks and relevance, realism of examples and projects should be provided by the team on at least two occasions: early in the development phase and again prior to final draft approval. The selection of "off-the-shelf" curricula recommended by a staff trainer or training consultant should be reviewed by the project team for these same criteria.

IX. **Publicize Training and Recruit Participants.** The project team should send out a workplace memo, signed by top labor and management executives, describing the project and inviting participation. Separate supervisor and worker briefings need to be held to describe the project and establish supervisor and worker interest. The mutual benefits to both should be made clear. If a training class is to be held, a brief sample or "sneak preview" can be offered to help workers understand the nature of the class.

X. **Deliver Instruction and Conduct Evaluation.** Frequently a pilot class needs to be conducted to identify needed enhancements and/or revisions in design or materials. For longer term projects, once classes are underway, a delegate from each class section should be selected by class members to represent them on the project team until classes and evaluation are completed. A preliminary evaluation at the midpoint is recommended for longer term projects so that corrective measures can be identified and taken as needed. A final evaluation assessing content, instruction, worker achievement, and workplace impact should be conducted with the active involvement of participants and supervisors and reported to all stakeholders.

Program Institutionalization

Institutionalization of the Distance Learning Program by OMRDD is part of the original program design. However, due to several unanticipated organizational changes that have occurred in the agency since the project's inception, there is the realization that institutionalization of the program will be in a different format than the current program design. Presently the program uses printed material, videos, teleconferencing, e-mail, regular mail, fax and has educational counselors and instructors available by telephone. The variety of materials available to OMRDD, provides them with the opportunity to use all or parts of the program in whatever way they deem most appropriate to best meet their needs. The material's available include: a student study guide, an instructor's guide, a video guide, an orientation videotape (for the program if used in its original configuration), several study guide videotapes, a booklet entitled "How to Manage Your Time Effectively", a computer reference guide, pre and post assessment materials, and three teleconferences on videotape. In addition, two computer programs have been purchased through educational site licenses for the project *PC-Fas Type* and *Introduction to Basic Math*. Both are licensed through OMRDD and can be used by the agency after the completion of the project.

Dr. Denny, responding to a request from OMRDD upper-level management outlined several possible configurations for program continuation:

- The agency could continue the program in its current format, with the full range of staff and services - a project director, two educational coordinators (upstate and downstate), instructors, an educational technology specialist, a senior educational advisor, educational advisors, curriculum developer, and administrative assistant. Modifications to Option I could include the educational coordinator taking over the function of the project director; a simple pre-post assessment/evaluation process; elimination of the educational advisor line with this function taken over by the *LEAPline* which is a negotiated educational benefit for CSEA-represented employees; the functions of the educational technology specialist could be used in its current format without additional revisions.

- A video guide has been developed that would offer participants the flexibility to work independently on a shortened version of the program (52 hours vs. 96 hours). The work could be completed without an instructor. The complete study guide would be made available to those students who wanted to continue to work on the program. This option would include instructors and a project director.

- The core of the study guide is designed around twelve theme areas, e.g., Writing Notes and Narratives, Incident Reports, Managing Daily Living Activities, Medications. Each theme area contains between six to fifteen units. Each unit could be used as an independent study module. Depending on interest or skill needs, participants could pick as many units to work on as they wanted. Their time in the program would be limited to the time needed to complete the unit(s) they selected. Each unit takes one-two hours to complete. This option could also be used to supplement other agency training programs and/or to train transitional workers.

During the last six months of the project (July - December), the project director, with other partner representatives, have conducted numerous informational sessions at OMRDD locations that had not previously participated in the program. The purpose of theses sessions has been to offer new sites an opportunity to take advantage of the curriculum and materials customized specifically for the agency's developmental aides. The discussions have included an overview of the project with an emphasis on the program's basic elements, available resources, and general information on how to get started. At the information sessions, sites are given a copy of the curriculum and other relevant program materials.

With the variety of program options given to the agency, plus the support that is available through CUNY/CASE, CSEA and GOER, we are optimistic that portions of the existing program will be retained. We believe that whatever format is selected, all stakeholders will need to be actively involved from the outset, following the "10 steps" we discussed, for successful institutionalization of the program to occur.

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"ALTERNATIVE APPROACHES TO WORKPLACE EDUCATION IN THE HEALTHCARE ENVIRONMENT"

INTRODUCTION

One of the truest statements about human experience is that change is an inevitable part of life. The one area most affected by change in our society today is the workplace. In this environment, changes are taking place far more rapidly and drastically than at any other time in history. There was a great cultural change or paradigm shift that occurred between the agricultural and industrial revolutions. At that time, many farmers left their lands to become factory workers in the city. As a result of that shift, life down on the farm was never the same again.

As recently as 1960, almost one-half of all workers in the industrialized countries were involved in making, or helping to make, "a product". By the year 2000, developed countries will have only one-sixth or one-eighth of its workers in the traditional roles of making or moving a product. As a result of this shift, life down in the factory will never be the same again.

There are many indicators in our time that contribute to the complexities of the modern work world. They include:

- the creation of new jobs and the elimination of old ones.
- downsizing and job layoffs.
- changes in the demographics of workers.
- the introduction of new and sophisticated computerized machinery .

- every year, more and more people will be self-employed.
- people may end up working for more than one employer at a time.
- many will work temporary or part-time jobs, sometimes because that's the way they want it, sometimes because that's all that is available.
- less than half the workforce in the industrial world will be holding conventional full-time jobs. Full-timers will be the new minority.

These are the signs of the times that tell us we are in the middle of another paradigm shift that is changing the very nature of work. Dramatic increases in the use of technology places greater demands on workers to perform tasks requiring higher levels of education. One way to confront this issue is to offer workplace education for employees. Implementing a workplace education program in a health care environment is a real challenge in a society where technology is changing and will continue to change the very nature of work.

Employer and employee skills must remain current and updated if businesses are to succeed in a highly competitive market. Therefore, it is imperative that businesses invest in the continuous education of their employees.

Our short presentation will discuss an approach to workplace education that implements individualized and group instruction within the setting of a Lifelong Learning Center. The focus is to respond to the five questions asked of this panel.

HOW DO YOU ASSESS DESIGN AND DELIVERY?

The design of the program primarily involved one-on-one instruction as it related to the work or activities individual workers regularly performed on the job. When the training fits the job, it increases the invested interest of workers and enhances the likelihood of a successful program.

An assessment given to workers and supervisors revealed three areas of concern that dictated the need for basic academic skills training. Two concerns resulted from new legislation. Massachusetts passed a law requiring CNAs to pass a written test in order to maintain their employment status. Congress passed the Omnibus Budget Reconciliation Act (OBRA) requiring Activity Aids to document Care Plans and Quarterly Reports. The third concern was financial. GAH employees on all shifts were required to record, on a document called the flow sheet, all services given to residents. The flow sheet was subsequently used to obtain financial reimbursement from the state. Failure to accurately record services resulted in the loss of huge sums of money. To address these concerns, original curricula were written that integrated job-related issues with reading comprehension, vocabulary, GED, writing, phonics, and English grammar.

HOW TO NEGOTIATE RELEASE TIME AND RECRUITMENT FOR ON-THE-JOB TRAINING

Factors leading to the negotiation of release time were:

- the awareness that education would increase workers' effectiveness to provide better health care to residents.
- the positive relationship among partners involved in the program.
- the ability of key people to advertise the program and provide consistent communication to support it.
- the experiences and professional track record of educators to implement the program.

Negotiations resulted in release time of one-hour per week and, when possible, one hour of workers' own time. Employees were recruited at times and places frequented by workers: in the cafeteria, during second and third shifts, at coffee breaks, and by personal written invitations in paycheck envelopes, etc. The message must be clear that the company values its workers and that education is an extension of already existing training programs.

HOW DO YOU GET SUPPORT FROM MANAGEMENT?

The support and commitment of management can make or break a program. Although supported by top management, we experienced reluctance from mid-managers, who were rightly concerned about the care of residents when staff was released on their floors. Mid-management attitudes changed when they observed more efficient and professional care given to residents.

Four experiences earned the support of management. The first was the financial return on investment resulting from more accurate documentation on the flow sheet that increased financial reimbursement. When it hits the pocketbook, people take note. The second was that our curricula was creatively written for each job situation. The third was a reduction in employee turnover. Fourthly, new hires who did not have a high school diploma were required to attend GED classes.

HOW WILL YOU INSTITUTIONALIZE YOUR PROGRAM?

The components that helped us institutionalize the program follow:

1. A Lifelong Learning Center was established in the GAH facility to provide an environment for learning.
2. MCDI educators trained two GAH staff members to carry on the program.
3. The curricula is specific to the needs of the Geriatric Authority of Holyoke and will continue to be used for staff development, orientation, and classroom instruction.
4. Although the official partnership among the three agencies ended, the MCDI program director and curriculum developer will remain as consultants.
5. The PROCESS of how to establish a workplace education program is the most important lesson learned over the last five years. This process was written and published in a book titled, Principles and Guidelines to Design and Implement a Workplace Education Program.

WHAT DOES INSTITUTIONALIZATION MEAN TO YOU?

Institutionalization means:

- That the goals of both employers and employees can be achieved by integrating academic skills with technical skills used on the job,
- That the establishment of a Workplace Education Program makes a unique difference within the institution,
- That an attitude prevails whereby employees are considered a facility's greatest asset,
- That the future of businesses is built on educating its members, and
- That residents receive better care as a result of more efficient workers.

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"THE COOPERATIVE HOME CARE ASSOCIATES' TRAINING AND EMPLOYMENT MODEL"

Background on CHCA

Cooperative Home Care Associates (CHCA) is a worker-owned home health care company that currently employs 360 African-American and Latina women in the South Bronx and Harlem sections of New York City. CHCA's workers provide home care paraprofessional or aide services—personal care, meal preparation, light housekeeping—to people who are disabled, ill, or elderly and living in their own homes.

More than eighty percent of CHCA's employees were dependent on public assistance before being trained and employed by CHCA. The typical employee is a woman of color between the ages of twenty-five and fifty-five, single and the mother or guardian of young children. Functionally, her math and English skills range between the fifth and eighth grade levels.

CHCA was created specifically to improve the quality of jobs and the quality of care in the New York City home health care industry. It has sought to replace the "low investment" temporary personnel approach which has dominated the industry with a strategy of "high investment" in frontline employees—emphasizing careful recruitment, decent wages and benefits, full-time work, extensive training, counseling and support. The worker-ownership structure further reinforces the enterprise both as a paraprofessional-oriented business and a community of co-workers.

Introduction to Workplace Education Programs

In this context, CHCA's workplace education program has three basic goals:

1) to prepare the home care aide to have the necessary skills and awareness of different kinds of situations that may arise in her work,
2) to help the home care aide to assimilate into the CHCA work community, and
3) to provide opportunities for continued skills development and advancement.

The program has been at the core of both the agency's quality management focus and its worker-ownership community-building process since its inception in 1985. CHCA's approach is based on creating a ladder of "small successes" for low-income women in their often difficult transition from welfare to work. At the heart of our model is our entry-level Home Health Aide training program. The training program includes four weeks of on-site classroom training, plus sixty days of on-the-job training and support. The training model is interactive and experiential using a high degree of role-playing, simulations and hands-on demonstrations. Assistant Instructors who are themselves former home care aides play major roles in the training activities. The assessment of the program is based on both internal standards (including daily feedback from the trainees) and patient satisfaction levels conducted quarterly by our major contractor.

The relatively short-term training program (although twice as long as regulations require) leads to immediate placement in permanent employment. Approximately 150 people begin our training each year and 120 are hired and receive their HHA certificate. Once on the job, the personal/vocational counseling, supportive management, in-service training, careful supervision (and later) career upgrading program, continue to weave together a supportive work community for the new employee. The in-service training includes a continuation of a voluntary rap group run during the classroom training by one of the Assistant Instructors entitled, *All You Really Wanted to Know but Were Afraid to Ask about Being a Home Health Aide,* and two problem-solving oriented meetings of the new trainees held two and four weeks after hire, run jointly by training and coordinating staff. Approximately 82% of those hired stay in the agency for at least ninety days and 61% stay for one year or more.

The CHCA model also emphasizes developing innovations in creating a career path—both within the home care aide position, and onward to other health-related employment. The first major innovation was a nursing education program for a group of twenty home care aides. We provided these aides with paid basic skills training, paid tuition and textbooks, paid released time and individual tutoring and counseling services. The results were quite mixed with only three aides completing their LPN/RN degrees. Most of the participants required such intense levels of skills remediation and college level mathematics and science courses that they were unable to complete the program.

This experience led us to three basic conclusions. First, we needed to offer basic skills education on site. We recognized that the more we could make it relate to advancement on the job, the more effective it would be. Second, we wanted to arrange for college-level courses, preferably on site, for those members of the workforce who desired and were ready for more academic study, although recognizing that this was a relatively small portion of the workforce. Third, we needed to develop an upgraded home care aide position to satisfy the needs of a larger portion of the workforce. The work of direct care workers is immensely challenging and offers endless opportunities for growth in a wide range of skills and abilities without becoming a nurse or moving to a different category of health care worker. And from the point of view of the consumer of home care aide services, improved performance has a direct and immediate impact on daily life. This upgraded position for Home Health Aides is harder to implement since there is no current reimbursement stream which recognizes this position or even the need for it.

Two years ago, we began to address the first two concerns in collaboration with the College of Adult and Continuing Education at Lehman College of the City University of New York and The Reaching Up Foundation at CUNY. Together, we are conducting a four course 12 credit Home Care Certificate program for interested worker/students, including home care aides, former Home Health Aides who became part of our administrative and training staff, and other frontline staff, including two coordinators. A core of about 20 students have taken each class. The three college level courses taught to date at CHCA offices are: *Introduction to Home Care*; *Dimensions in Aging*; and *Introduction to Rehabilitation*.

We have designed classes so that they are increasingly difficult, with more reading, more difficult assignments and more rigorous grading. Our teachers emphasize writing skills, group discussions, critical thinking and working collaboratively. To end each class, a journal writing assignment helps the students to focus on the essential learnings of each session. The journal writing is handed in at the end of the class and is used by the instructor as a method of giving each student assistance with writing skills. It also serves to provide immediate feedback on the effectiveness of the teaching. With other funds we support students with a basic skills instructor and tutor who is available to students who can benefit from one on one assistance. For example, the tutor helps students organize research papers or prepare for a test.

I want to be able to share with you some of the overall impact of this program on our company. The people in this room know how exciting an environment of learning is and how contagious the energy is that is generated. I hear an impressive level of discussion among students and others in the company following a class. One student took home and read a graduate level text on family therapy and ethnicity after one very exciting class. The learning from the course is being applied in countless ways. We found that some of these students have become clearer about their personal job-related goals. The Director of Training saw the impact of a class research project in the way the three Assistant Instructors approach their own work in the entry level training.

We used a variety of usual and unusual methods in recruiting for our college level program. We did what everyone does: We put up great posters and talked about it in Worker Council meetings and put notices in the company newsletter. But sometimes recruitment came down to saying to workers who were good candidates, "Guess what? You're going to college this Fall," because for some there was a conceptual leap to be made to seeing one's self as a college student. Some other factors in successful recruitment were: 1) The classes were held at CHCA offices and Lehman

College sent a representative to our office to do registration. 2) The cost to the student was minimal. 3) The students all knew each other and regardless of job title were used to seeing themselves as a supportive team. 4) Continuous learning and improvement has been part of the company's culture since its inception.

This has been a true collaboration of ideas and resources with our partners. Reaching Up provided leadership and covered the full tuition for the first course. The company provides space, logistical support and pays the registration fee, and for the last two semesters, has paid approximately half of the tuition. Students pay for the college student activity fee and the company advances the $40 and deducts $10 a week from payroll. Lehman College provided on-site college registration and career counseling services to students. We and our partners at Lehman and Reaching Up saw the curriculum development as a shared responsibility and an open learning process.

ICS Specialized Aide

Finally, I want to talk briefly about our plans for the future. This year, we are beginning a new upgrading opportunity by creating a specialized aide position for workers in our developing managed long-term care program, Independence Care System (ICS), for people with disabilities. The curriculum that we are now developing will include philosophical, clinical, social and interactive components and total eighty hours of additional training for Home Health Aides who are selected to become specialized aides.

We want these home care aides to understand who ICS consumers are—i.e., people with severe disabilities—and be able to see the world from their perspective. We hope to prepare them for how worker roles may change when the consumer is largely self directing. Although we will teach some general characteristics of different disabilities that consumers may experience, more importantly we want workers to have the interpersonal, critical thinking and problem solving skills to apply general knowledge to the specifics of an individual consumer. The specialized aide will also be working as an equal partner of a larger care management team with physicians, nurses, social workers and therapists. Part of our training will focus on building skills in observing, recording and communicating information to other health care professionals on the team. Independence Care is expected to begin operations in September, 1998. Selection and training for the specialized aide position will begin in June, 1998.

We are excited about the prospects of our new career ladder programs. At the same time, the investment we make in training is a difficult one in terms of the daunting task of raising the funds required—about $1 million a year—to conduct these activities. The entry-level training program is supported through a combination of private foundation grants and public contract. The nursing education program was supported by grants from the Aaron Diamond Foundation, the Ford Foundation and the NYS Department of Health. The Lehman College program is supported by Reaching Up, and other foundations have supported the curriculum development for the specialized aide position.

Conclusion

Workplace education is institutionalized at CHCA because of the commitment of the organization at all levels to undertake it as part of its overall investment in the frontline worker approach to delivering high quality care. We hope that someday there will be a regulatory structure and financial reimbursement stream from Medicare and Medicaid, perhaps in conjunction with a welfare-to-work reimbursement stream, that supports these efforts to make workplace education a basic component of the entire home care industry's activities.

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REACTION PAPERS

How to Implement Workplace Education Programs in the Health Care Environment: Alternative Approaches

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THE CONTEXT

While this panel is concerned with HOW to implement workplace education programs, it's worthwhile understanding WHY each partnership got involved, and WHAT the intended outcomes were. With the context established, a more meaningful discussion of the alternative approaches is possible.

The CSEA/OMRDD project in New York State began in response to **changing the delivery of services** from a large central location to the establishment of group homes. Decentralization led to WHAT would be learned: problem solving and communication skills.

The GAH/MCDI/UFCW project at the Geriatric Authority of Holyoke began because of **changing requirements for CNAs**. The written test CNAs were required to pass in order to maintain their employment status largely dictated WHAT would be learned. Another change, dictating WHAT would be learned, required Activity Aides to document Care Plans. The final impetus to begin a workplace education initiative was the recognition that revenues were being lost because "flow sheets" were not properly documented.

At CHCA in New York City the move to address basic skills in collaboration with the College of Adult and Continuing Education at Lehman College was motivated by CHCA's mixed results with its nursing education program. **Basic skills required to master college level courses** dictated WHAT was to be learned. The assessment uncovered another need which couldn't immediately be addressed by training – the development of an upgraded home care aide position that was an intermediate step between an entry-level aide and a nurse.

THE IMPLEMENTATION

New York State OMRDD, CSEA, GOER, CASE/CUNY

The distance learning program developed by CASE/CUNY for employees at New York State's OMRDD facilities nicely addresses one of the biggest obstacles in delivering education and training to health care workers; i.e. finding time on-the-clock without badly diminishing services to "consumers." Asynchronous learning via the computer holds great promise for future workplace learning initiatives. Workers "attend class" during slow or down periods. Sessions can be as long or as short as time permits.

The project took advantage of computer assisted instructional (CAI) technology, but went much further in making it interactive. Video conferencing and E-mail created a learning community, which is not possible with CAI alone. Distance learning is already being used on college campuses. Empire State College in Saratoga is training SUNY professors in the Hudson Valley to format their course on Lotus Notes and offer it through a WEB site (**http://www.esc.edu**). Courses in computer software applications are available on-line commercially from Ziff-Davis University (ZDU) at their web site (**http://www.zdu.com**).

The ten essential steps elaborated by the project speak as much to the WHY and WHAT questions as they do to the HOW. The WHY and WHAT are at the heart of a needs assessment leading to instruction. The needs assessment described in step VI takes the form of a literacy task analysis (LTA). While the LTA is an essential step in a needs assessment, it shouldn't be the only step. Staff from the CHCA project, for example, found the need to create a new position in their assessment activities. This information was factored into their future educational planning.

Activities connected with the ten steps are an excellent summary of things to do in creating a workplace education intervention. While most projects seek buy-in from all levels by getting representation on an educational planning team (EPT), few go the extra step of training those team members. Training for EPT members included roles and responsibilities, the decision making process, project time line, and the importance of two-way communications.

GAH, MCDI, UFCW Workplace Education Program

In all likelihood, this project satisfied all four levels of assessment advocated by Donald Kirkpatrick in his evaluation model which is employed by numerous Human Resource Development personnel. At level 4, the project demonstrated a *return on investment* (ROI). Top management will almost always respond favorably to a business practice that demonstrates ROI. At Level 3, the project demonstrated *changed behaviors on the job*. This was essential to maintain the support of mid management. At level 2, the employees must have *learned* or they wouldn't have passed the newly mandated test. While nothing was reported with regard to the workers reaction to the training, one would assume it was positive. If so, Level 1, workers *reaction to training*, would also be satisfied.

The project's workplace needs assessment (WNA) appears to have been focused on the workplace needs and worker needs. Project staff may have employed what sometimes is referred to as the "discrepancy" model; i.e. identify the acceptable performance level, measure the workers' performance level, teach to the discrepancy. Given the meaningful measures available to the project, (passing the mandated test, accurately documenting the Care Plans and flow sheets) it's doubtful that standardized achievement tests measuring grade-level gains were of much value.

The individualized instruction employed by project staff likely alleviated the concern mid-management has over large numbers of staff leaving the floor at one time. At the same time, it may cause top management to question the cost effectiveness once the grant funding ends. The advantage of distance learning over individualized instruction is that the cost per contact hour will be much less.

Cooperative Home Care Associates (CHCA)

CHCA solved the problem of getting top management to buy-in to worker education and training: the workers *are* top management – they own the agency. The biggest barrier to continuation, however, is funding. CHCA spends twice as much time on entry-level training as is required by law, and offers college level courses so the worker-owners can get nursing certificates and move on to even higher paying jobs.

The basic skills required to pass the college courses serve as an outline for the curriculum developed in collaboration with Lehman College. That a course in basic skills was required is no surprise given that the entry-level worker is functioning between fifth and eighth grade levels in math and English. The Consortium for Worker Education (CWE) in New York City found that even workers with a newly acquired GED were largely unable to succeed in CUNY's certificate programs in health care. For workers functioning at the fifth to eighth grade level, CWE developed a basic skills curriculum with a health care context. For workers with a GED, the Consortium developed a College prep course especially for workers pursuing a certificate in health care. Both curricula are available at the CWE at **(212) 647-1900**.

CHCA addresses the problem by making available a basic skills instructor to support participants in the program. Even though the college classes are arranged so that they grow from less difficult to increasingly difficult, it is a daunting task to learn basic skills of reading and writing at the same time one is learning new content. It's contextualization at its best, but it's hard. The reason for undertaking a comprehensive workplace needs assessment is nicely demonstrated by CHCA. The need to create a new position bridging from entry-level aide to nurse was discovered. The "specialized aide" position is now leading to further course development.

Jorie W. Philippi, President
Performance Plus Learning Consultants, Inc.
Charleston, West Virginia

"EVALUATING WORKPLACE LITERACY PROGRAMS: A RESPONSE TO SYMPOSIUM PANEL #2"

My response to the information presented today focuses on identifying and documenting the value of these and other programs to all their shareholders. I have had the privilege to serve as the external evaluator for more than thirty workplace literacy programs over the past decade. From this I have learned that "feel good" reactions to workplace literacy endeavors are not enough to justify keeping program expenses in sponsors' budgets.

In his keynote address, Dr. Mikulecky described *effective* workplace literacy programs as those that use most of class time in literacy activities, use a functional context approach, and change participant attitudes toward learning through reflective discussions. As an evaluator of such programs, I want to probe more deeply into the word *effective*. Just what does *effective* mean? and for whom should programs be *effective*? One strategy for discovering the *effectiveness* of a workplace literacy program is the CIPP evaluation method. In a nutshell, this methodology examines a program in its own right, not measuring it against other programs. It enables determining levels of program effectiveness for employers, employees, sponsoring organizations, participants, developers, and any other key shareholders by investigating answers to four research questions:

Context: To what extent are the goals of key program shareholders congruent or divergent?

Input: To what extent are program resources adequate and appropriately used?

Process: To what extent are program processes or operations adequate and appropriate to support program goals?

Product: To what extent do outcomes indicate that program goals of shareholders have been met?

The data collected to answer these questions provides evidence of *effectiveness* as it helps explore the concept from the viewpoints of all key program shareholders.

Panel members, in both the afternoon and morning sessions, mentioned specific program goals. In order to begin an investigation of *effectiveness for whom*, the evaluator first needs to determine *whose* goal(s) are embodied in the program. The Distance Learning Model in New York, presented by Harvey Huth and Harriet Spector, has a developers' goal of providing in-service training across a wide geographical area to improve direct care workers' performance in workplace communication and problem solving. The Workplace Education Program in Massachusetts, described by Dorothy Seidel and Lorry Villemaire, states employee and employer goals of providing applied basic skills courses to enable performance on certification tests and health care reporting.

The *Cooperative Home Care Associates* program in New York, explained by Christine Archambault, has worker-owner goals for improving the quality of health care and the qualifications of low income job applicants through certification courses emphasizing workplace reading and writing, critical thinking, and group work. The *Essential Skills* program in Missouri, presented by Wilma Sheffer and Lorna Finch, has employer/developer goals of providing basic skills training to low skilled employees. The *Workforce Development* program in Troy, New York, described by Christine Katchmar and Barbara McCandless, has employer/developer goals of providing applied basic skills training in job routines and customer service to promote successful performance of new hires and incumbent employees. *Workshops in the Workplace*, presented by Doris Dingle, Natalie Hannon, and

Claude Grant, states its published government sponsor's goal (the U.S. Department of Education) as improving productivity of the workforce through the enhancement of literacy skills.

To establish program *effectiveness*, it is critical that goals be identified for all shareholders in a program. To do this, it is necessary that program partners not only categorize existing stated program goals by shareholder source, but also collect evidence to document goals of the other program shareholders. For example, the New York State Distance Learning Model, the Rockefeller College and Northeast Health Workforce Development Program, and Missouri Essential Skills Program, have published employer/developers' goals—but what are the goals of the participants or users of these training systems? Are their goals being met? The Massachusetts Workplace Education Program and Cooperative Home Care Associates program in the Bronx have jointly defined employee/employer or employee/owner goals—to what extent are these congruent with actual program participant goals or with program developers' or funding agencies' goals? A program cannot be rated as *effective* until identification of the goals of all the shareholders is complete—against which program outcomes can be measured.

Application of program resources also needs to be examined carefully to ensure that the best use, not only of financial resources, but also of time, facilities, and staff expertise, is in evidence. Federal funding, partner "in-kind" donations, and any other sources of project financial input generally have stipulations for specific uses. It is important to remember—even as an RFP is being responded to—that these funding sources are usually only "seed money" and begin planning from initial program onset for transitioning to alternate means for underwriting continuing program operations. Staff expertise and use of time are usually not so clearly defined. Is the project director's time allotment fifty percent on three or more projects running simultaneously? Are those staff members who are qualified and hired as instructors actually performing the duties of instructional materials developers—without the requisite training and experience? Inappropriately assigned or scantily supplied resources make program *effectiveness* difficult, if not impossible. It is important to examine the amount and application of all program resources to determine program *effectiveness*.

Each of the six programs presented here today have shared multiple creative examples of ways in which program operations can be tailored to specific environments and circumstances. The key to effectiveness in this area of program evaluation is to determine whether or not program activities support program goals. For example, does offering GED preparation classes impact on a goal to provide better health care? The easy answer is, "Of course! A better educated person is a more capable worker." To rate a program as *effective*, hard evidence is needed. What data need to be gathered to provide evidence that a hypothesis is, in fact, true? Can job performance of health care workers with a GED be compared to those without a GED? And how can such data be collected with a minimum of cost and effort? These are the types of questions that every workplace literacy program should be asking itself in an effort to determine its *effectiveness* and *raison d'etre*.

Finally, workplace literacy program *effectiveness* is directly related to its product, or outcomes. This portion of program evaluation revisits program goals to determine the extent to which they have been achieved within a specified period of time. Although this CIPP evaluation model is ideal as a formative evaluation model, *i.e.*,for providing information back to key shareholders during program formation, it also serves as a vehicle for gathering summative evaluation, or final information at periodic intervals in the program cycle. Donald Kirkpatrick put forth a training evaluation model a number of years ago that subdivides program product or outcomes into four main aspects:

- **Are the initially identified workplace performance needs being met?**
- **Do the trainees master the content of the training program?**
- **After training has occurred, is there a measurable improvement in performance in the initially identified areas of need?**
- **Does this improved performance result in cost benefits (money saved or generated) to the organization?**

If a workplace literacy program has been designed on the basis of workplace performance needs identified by employees, employers, program developers, or sponsoring organizations/agencies, it is *effective* on this first level of evaluation. If a workplace literacy program delivery system includes pre-tests and post-tests of program content and participants demonstrate mastery on these internal course tests or exercises, it is *effective* on the second level of evaluation. If a workplace literacy program uses materials and situations taken directly from job tasks as the vehicles of instruction, *i.e.*, a "functional context" approach, as Mikulecky's research shows, transfer of learning from instruction to performance will be 20-30% higher than that obtained from academic instruction. This amount of gain in performance improvement certainly establishes program *effectiveness* at level three of evaluation. If a workplace literacy program can collect data to provide evidence of improved job performance, most companies can translate this to a dollar value for the organization. A major endorsement of program value for the organization is the hard match for soft start-up funding, and a decision to institutionalize the program by putting it into the budget—thus achieving an *effective* rating on the fourth level of evaluation.

No program can consider itself *effective*, however, by meeting employer goals alone. Researchers use a method called "triangulation" to collect data for determining experimental outcomes. In the same way, program evaluation can use the goals of each shareholder category to provide input from a variety of sources. By matching each of the shareholder goals with program outcomes, program *effectiveness* can be examined and levels of *effectiveness* determined from the viewpoints of each key program player—participant, developer, manager, supervisor, and sponsor. As you sort through all of the information you've received from this symposium and return home to continue or consider starting workplace literacy programs for health care providers, I urge you to keep asking yourself the many questions that will allow you to probe the depths of true program *effectiveness*.

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SUMMARY ADDRESS

James Parker, Project Officer
US Department of Education
National Workplace Literacy Program
Washington, D.C.

"10 TRENDS AND POTENTIALS FOR WORKPLACE EDUCATION"

In observing workplace education at state and project levels over the past three years, at least ten "trends" have emerged. Some are in place at this time; others show potential, but may take a bit longer to work their way into the mainstream of workplace programs. Still others show promise, yet may remain isolated artifacts of progressive practice for some time. In no particular order of priority -

THE NEW LITERACY is also known as *SCANS* Skills, Post-Literacy, other terms. The idea is that possessing the "3 R's" (reading, writing, math skills) is necessary, but not sufficient, for career success. *SCANS*, the Secretary's (of Labor) Commission on Achieving Necessary Skills, identified a **three-part foundation**: Basic Skills, Thinking Skills, and Personal Qualities, as well as **five competency categories**: Resources, Interpersonal, Information, Systems, and Technology. *SCANS* is the "Energizer Bunny" of adult education—after six years it "just keeps going", influencing programs in areas such as assessment, curriculum, and performance. For example, SCANS recognizes that listening and speaking are the basic skills most used on the job, and that competencies such as technology application and teamwork are critical to success in the workplace . . . at any level of employment.

LEARNER SKILL CERTIFICATION is closely related to the above trend. West Virginia, for instance, has developed a set of skill certificates to recognize attainment of skills and competencies that help adult learners be more employable or worthy of promotion. Not surprisingly, they are titled, *WORKSCANS*.

WORKPLACE ADULT EDUCATOR CERTIFICATION is a way to get beyond the minimal (less-relevant) requirement that adult educators have a K-12 teaching certificate. New categories of adult educators are being invented . . . some with responsibilities for workplace education "brokering" or coordination between employers and Adult Education (AE) programs. Certification may well follow training, as these efforts continue.

CORPORATE "CITIZENSHIP"/PARTNERSHIP is not a new idea, but one with only scattered success. The large part of corporate tax credits and other incentives for businesses go to higher education enrollment and management training. The National Workplace Literacy Programs (NWLP), funded between 1989 and 1997, have helped pave the way for more corporate investment. A number of state adult education programs have also given priority to workplace education. Only time will tell, however, if these kinds of partnerships will flourish.

FROM WELFARE-TO-WORK to WELFARE AND WORK means that welfare reform, in most states, requires job placement before or concurrent with skills training. As more adults with minimal skills come "on-line" for job placement, success is becoming an issue. Workplace education programs are beginning to step up to this special challenge. Consistent support for in-depth instruction is, however, uncertain.

USE OF TECHNOLOGY is increasing. More technology is being introduced into the workplace. Computer/internet use has grown. These are exciting new tools for adult learning in the workplace. Learning in (virtual) context may be the next wave, but must be sold to policy-makers and employers.

STATE-BY-STATE POLICY, including funding for workplace education, is the reality, and has been for some time. Direct federal funding for incumbent worker education and training is almost non-existent at this time. States, however, have use of various funding sources for supporting workplace programs . . . if they choose to. Pending legislation for Adult Education shows promise and has the necessary rhetoric to give some hope. But a direct mandate is lacking. States will call the plays.

WORKFORCE DEVELOPMENT INITIATIVES drive much of the new policy, especially from Governors' offices. If adult education programs can keep from being "gobbled-up" by larger economic development forces, and if our contributions to employability mandates is taken seriously, workplace education could be the new wave of development for the AE field.

THE QUEST FOR OUTCOMES is part of the accountability movement. Legislators say they want employment and work-related outcomes from programs. Workplace education programs can welcome this mandate, and demonstrate how outcomes-based learning can make accountability work for adult learners and businesses.

DEDICATED ASSESSMENT, linked to instructional design, is required for any of the above potentials to be successful. Example: What good is a *SCANS* program if you're not prepared to measure need and performance? A number of field innovations have developed via NWLP projects and the practitioner-based Comprehensive Adult Student Assessment System (CASAS). We have to find creative ways to improve the practice of adult assessment, and to break out of the traditional *generic reading test* dilemma, to make competency and context our next big challenge.

The following Web-based resources help to illustrate and support the 10 Trends and Potentials:

NEW LITERACY
⇒ **http://www.dol.gov** U.S. Department of Labor
⇒ **http://www.albany.net/~bmarino/whatis.htm** New York State Workplace Education
⇒ **http://www.cal.org** ESL / Workplace
Listserves (email):
⇒ **nifl-workplace@literacy.nifl.gov** Moderated Listserve on Workplace Education
⇒ **wec-l@intac.com** Workplace Education Discussions

SKILL CERTIFICATION
⇒ **http://www.nssb.org** National Skill Standards Board
⇒ **http://www.skillsnet.org** Latest on skill standards in industry

PRACTITIONER TRAINING & CERTIFICATION
⇒ **http://www.cew.wisc.edu** Center for Education and Work & Workplace Learning Conference
⇒ **http://www.jmu.edu/continued/win/win.html** Workforce Improvement Network, VA

CORPORATE PARTNERS
⇒ **http://www.mep.nist.gov** Manufacturing Extension Centers

WELFARE AND WORK
⇒ **http://wtw.doleta.gov** Labor's Welfare-To-Work Program

TECHNOLOGY
⇒ **http://www.techweb.com** Technology News

POLICIES - STATE & FEDERAL
⇒ **http://thomas.loc.gov** All USA Federal Legislation

WORKFORCE DEVELOPMENT
⇒ **http://www.ttrc.doleta.gov/onestop** Homepage for DOL's One-Stop Program

OUTCOMES & ASSESSMENT
⇒ **http://www.casas.org** Adult Assessment & Curriculum Options

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SYMPOSIUM AGENDA

The Eddy/Northeast Health and Rockefeller College Symposium

"Workplace Education in the Healthcare Environment: The Why, The What, and The How"

November 13, 1997 - The Margaret W. Kraause Center - Troy, New York

9:00 A.M. REGISTRATION/COFFEE

9:30 A.M. ***WELCOME AND INTRODUCTIONS***
Eugene J. Monaco, Special Assistant to the Provost, Rockefeller College, Professional Development Program
Craig Duncan, President and Chief Executive Officer, Northeast Health
Jo-Ann Costantino, Executive VP and Chief Executive Officer, The Eddy

10:00 A.M. ***KEYNOTE ADDRESS: THE WHY***
"Workplace Literacy Education: Why Should Employers and Employees Invest?"
Issues*: Incentives for developing workplace literacy programs, new literacy demands of technology, identifying patterns that make a difference*

Larry Mikulecky, National Academic on Workplace Education and Chairman of the Language Education Department, School of Education, Indiana University at Bloomington

10:45 A.M. BREAK

11:00 A.M. ***PANEL #1: THE WHAT***
"Addressing Critical Issues in Educating Direct Care Workers"
Issues*: Dealing with diversity, meeting the challenges of working in an environment with competing values, motivating participant buy-in, and enhancing workforce professionalism*

PANELISTS
Wilma Sheffer, Lorna Finch - St. Louis Community College
Barbara McCandless, Christine Katchmar - The Eddy/Rockefeller College
Natalie Hannon, Doris Dingle, Claude Grant - Bronx Community College

REACTORS
Fran Boren-Gilkenson, Director of Special Projects,
1199 / Hospital League, Health Care Industry Job Security Fund, NYC
Bill Ebenstein, Executive Director, Reaching Up, City University of New York

MODERATOR
Abraham Bolgatz, Project Administrative Officer,
Rockefeller College Professional Development Program

12:15 P.M. ***OPEN QUESTIONS FROM AUDIENCE***

12:30 P.M. **LUNCH**

Exhibits of National Workplace Literacy Program (NWLP) Curricula

1:30 P.M. ***PANEL #2: THE HOW***

"How to Implement Workplace Education Programs in the Healthcare Environment: Alternative Approaches"

***Questions**: How do you assess design & delivery? How do you negotiate release time and recruitment for on-the-job training? How do you get support from management? How will you institutionalize your program? What does "institutionalization" mean to you?*

PANELISTS

Harvey Huth & Harriet Spector, New York State Civil Service Employees Association (CSEA) and Governor's Office of Employee Relations (GOER), "OMRDD/CUNY/CSEA/GOER Distance Learning Model"

Lorry Villemaire & Dorothy Seidel, Mass. Career Development Institute, "The Geriatric Authority of Holyoke Resource Center Model"

Christine Archambault, Cooperative Home Care Associates, "Bronx Co-Op Model"

REACTORS

Bob Knower, Workplace Literacy Coordinator,
New York State Education Department
Jorie Philippi, President, Performance Plus Learning Consultants, Inc.

MODERATOR

Colin McCarty, Coordinator, Continuous Quality Improvement,
The Eddy/Northeast Health

2:45 P.M. ***OPEN QUESTIONS FROM AUDIENCE***

3:00 P.M. **BREAK**

3:15 P.M. ***SUMMARY***

"Future Directions for Workplace Education in the Healthcare Environment: A Federal Perspective"

James Parker, National Coordinator, Workforce Education,
United States Department of Education, Washington, D.C.

3:30 P.M. ***CLOSING REMARKS***

Eugene J. Monaco, Special Assistant to the Provost, Rockefeller College,
Professional Development Program

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PROGRAM OVERVIEWS

St. Louis Community College

Wilma Sheffer, Lorna Finch

The *Workplace Literacy Services Center* offers skills enhancement services to a wide range of organizations in the community, business, industry, and government sectors. Beginning in 1993, the Center has been the recipient of two National Workplace Literacy Program (NWLP) grants. The first eighteen-month grant, *Skills Today for Advancement Tomorrow (STAT)*, involved Blue Cross and Blue Shield of Missouri. The grant assisted workers preparing for an internal selection and testing process. During the course of this initiative, the company changed its public status and emerged as a for-profit health insurance organization, Alliance Blue Cross. This reorganization had obvious impact on workers, and the *STAT* program was able to assist workers in retaining their jobs in the new company. Evaluation data also demonstrated positive impact on the company's productivity in the two essential departments of 'Claims' and 'Customer Service'.

The second NWLP grant, *New Paradigm for Effective Workplace Skills*, is currently coming to the end of its three-year funding cycle. This grant initially involved four partners; Baldor Electric, Pepsi Bottling Company, Mousanto, and Andy's Seasoning. As the grant progressed, two partners withdrew and two new partners, Barnes Jewish Health Care and Sigma Chemical Company, joined. Partner industries as diverse as these have given the Center's staff an exciting challenge in developing and delivering customized, essential skills training. The Center staff find that participants from all the partner industries and organizations benefit from participatory learner processes. The contextualized materials are designed to fit the needs of the specific learners and the organizations being served.

Barnes Jewish Health Care: Customer Service - Workplace Literacy Services Center staff facilitated eight to ten hours of customer service training for Dispatch employees, Dispatch supervisors, Patient Services representatives, Food and Nutrition employees, and parking attendants. Participants enhanced their communication skills through discussion, interactive written exercises, and role play. The course was customized for each department, but included a core set of modules: *Understanding Customers*, *Communication Skills*, and *Problem Solving*. Communication skills included: I-messages, listening nonverbals, questioning, conflict resolution, paraphrasing, and problem solving. Case studies allowed an opportunity to apply different communication tools to work-related problems while the interactive mode of the course allowed participants to work together and think critically about different types of communication.

Barnes Jewish Health Care: Improving Departmental Documentation for Supervisors - Supervisors in the Food and Nutrition department met for a period of four months to standardize department documentation. Workplace Literacy Services Center staff facilitated the meetings and provided a framework for making documentation more consistent. The course culminated in creating a "how-to" guide for completing performance appraisals, monthly reports, grievances, and other department forms. The course and subsequent guide improved department communications in an effort to save work time and money.

Barnes Jewish Health Care: Study Skills for Central Sterilization - Workplace Literacy Services staff facilitated a study skills course to improve employee performance on the certification exam for sterilization. Participants became aware of their individual learning styles and how to successfully learn and retain information. As a result of this course, 100% of the participants passed the certification exam. Feedback concerning the outcome for the hundreds of employees who attended these classes from Barnes Jewish Health Care has been extremely positive.

Baldor Electric: Train-the-Trainer was initially produced for Baldor Electric to be used in out-of-town locations where classes might be facilitated by inexperienced instructors. It addresses the facilitators themselves, giving practical "how-to" ideas in guiding participants who are learning to read and use basic blueprints. However, the Train-the-Trainer package is generic enough to be easily adapted to other areas of training as well.

The partner companies have also demonstrated benefits ranging from reduced scrap at Baldor to an institutionalized learning center at Alliance Blue Cross. St. Louis Community College has benefited as well, as the Workplace Literacy Services Center brings its methods, materials and processes into the creation of new welfare-to-work initiatives.

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The Eddy/Rockefeller College

Barbara McCandless, Christine Katchmar

The Eddy/Northeast Health formed a partnership in 1993 with the Professional Development Program of Rockefeller College, University at Albany, to promote workforce development through a National Workplace Literacy Program (NWLP) grant funded by the United States Department of Education. The approach was to develop a two-tier, forty-hour contextualized curriculum with the intent to "Train-the-Trainers" of the business partner to ensure institutionalization of the program.

The first curriculum, *Essential Skills for the Care Team*, is directed toward newly hired Nurse Aide Trainees and Home Health Aides. In collaboration with residential clinical instructors, twenty hours of training sessions are interspersed with the business partner's clinical instruction. Topics presented at these sessions were identified through surveys and focus groups consisting of management, supervisors, experienced Certified Nurse Assistants, and Home Health Aides. In addition, a specific literacy task analysis (LTA) was conducted to make certain the material and content presented during the twenty hours was both performance and competency based.

Essential Skills for the Care Team, addresses basic skills such as reading comprehension, decision-making, vocabulary development, and interpersonal skills. Some modules, such as *Understanding Your Assignment Sheet*, address study techniques to speed the acquisition of common medical terms and abbreviations. Other modules, such as *Managing Your Assignment Sheet*, introduce priority setting and time management skills. Related modules seek to enhance understanding of nursing home resident behaviors and communication skills. Home Health Aides are often serving in the field and not available for classroom situations. Rockefeller College, together with The Eddy/Northeast Health Home Care staff, proved innovative in deflecting this barrier by developing modules for this population that could serve in a classroom setting or as a take home, self-instructional piece.

The second curriculum, *New Directions in Customer Service*, is the result of a collaborative effort among The Eddy/Northeast Health training staff, Human Resources department, and Rockefeller College. *New Directions in Customer Service* expands training initiatives to the experienced worker on the Care Plan Team and promotes Northeast Health's customer service initiative. These training modules seek to build skills in critical thinking, decision-making, problem-solving, and teambuilding approaches. This program addresses advanced skills with modules such as *Teambuilding, Conflict Resolution, Difficult People, Strategies for Success, Handling Change in the Healthcare Environment*, and *Working Together With Our Differences*. Videos were created using originally scripted vignettes to support the training modules and to contextualize the curriculum for Northeast Health's various facilities.

Recognizing that professions that deal with people in distress have high anxiety factors, both curricula include stress management modules. In particular, a *Learning Strategies* module introduced at the beginning of *Essential Skills for the Care Team*, helps prepare newly hired Nurses Aide Trainees for their one hundred hours of clinical instruction. The module focuses on reducing stress, gaining confidence and building organizational skills. Learners are given an opportunity to refresh their study skills such as highlighting, skimming, scanning techniques, and test-taking.

To date, over 840 employees of The Eddy/Northeast Health have participated in the training programs. Evaluation instruments have illustrated a 91% rating on course interest levels and job usefulness.

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Bronx Community College
Claude Grant, Natalie Hannon, Doris Dingle

The Business & Professional Development Institute (BPDI) Workplace Literacy Program receives its funding from a three year $938,765 grant from the U.S. Department of Education (USDOE). Of more than three hundred applications submitted for funding nationwide, forty three were funded. BPDI was refunded because of its previous success rate with USDOE and The National Workplace Literacy Program (NWLP). Participants, some of whose backgrounds range from Puerto Rican to Russian, and whose levels of education range from minimal to college level, receive instruction in such areas as English as a Second Language, reading, writing, math and the development of problem solving/critical thinking skills.

The Workshops in the Workplace program has three business partners: Bronx-Lebanon Hospital Center, Cox & Company, and Kruysman, Inc. in Manhattan. The workshops take place at each business site in the form of two-hour classes which are conducted once weekly. In preparation for the classes, literacy audits are performed at each location; these consist of interviews with managers, supervisors and workers, along with a review of written materials actually used on the job. Task analyses are also performed wherein prospective trainees are observed as they work to determine which specific skills are needed to perform their jobs well. The curriculurn for the program is custom-designed for each site.

The Project Staff for the program who provide the overall instruction for the workshops consists of:

- Two Primary Instructors (both hold Ph.D.s),
- One Assistant Instructor who is proficient in ESL and Basic Skills Education, and
- Two Bi-lingual Teacher's Assistants.

Combined, the Project Staff has had experiences which range from teaching and working in the industry/service sectors, higher education, ESL instruction, workforce education and basic skills education. It is projected that 300 employees will be trained at the conclusion of the project in 1997 and will receive "Certificates of Completion." Many of the participants from the project go on to receive their GED's, pursue college degrees, or receive promotions and advancements within their companies. Each business site has an Educational Information Center located within or near the on-site classroom which holds information on City University of New York (CUNY) and other educational opportunities.

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OMRDD/CUNY/CSEA/GOER Distance Learning Model
Harvey Huth, Harriet Spector

The Distance Learning Program (DLP) is an individualized, self-paced training program providing direct care staff and transitional employees with practice in reading, writing, math and problem solving skills using job-related materials. Verna Haskins Denny of the Center for Advanced Study in Education (CASE) at the City University of New York's (CUNY) Graduate School, is the project's Director, in partnership with the Civil Service Employees Association (CSEA), the Governor's Office of Employee Relations (GOER), and the Office of Mental Retardation and Developmental Disabilities (OMRDD). Over the past two and a half years, approximately 220 workers have participated in the program and have improved their literacy skills and enhanced their job performance while at their work sites. The project has been awarded the *James C. Hall, Jr. Exemplary Programs Award (1995-96)* by the Continuing Education Association of New York (CEANY).

The Distance Learning Program was designed for OMRDD Developmental Aides who provide services to persons with developmental disabilities and/or mental retardation. Other OMRDD employees represented by CSEA who were interested in making a transition to the Developmental Aide title can also participate in the program.

DLP students enrolled in the six month-long course (96 hours total), receive four hours per week of release time from their job. Each student receives a package of printed materials and a series of videotapes by mail. Under the guidance of a literacy instructor and an educational counselor, each student follows a general core and individualized training curriculum created to capture real life situations/requirements in the direct care field.

Instead of engaging in traditional face-to-face interactions, such as classroom presentations and seminars, DLP students e-mail their assignments, participate in video conferences, complete learning activities after viewing videotapes, and engage in computer-assisted learning. With the use of PCs and computer networks already available in OMRDD offices throughout New York State, technology originally intended for administrative purposes is used to link workers with adult literacy instructors. At least once a week, instructors are in contact with students, either electronically or by phone. They are able to assess students' work, give feedback on assignments, provide guidance and help students develop an individualized educational plan.

While direct care workers were used to test the applicability of the program, modules similar to the Distance Learning Program could be used for other workers who would benefit from improved educational skills.

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"The Geriatric Authority of Holyoke Resource Center Model"

Lorry Villemaire, Dorothy Seidel

With five years of funding from the National Workplace Literacy Program (NWLP), three agencies collaborated to provide individualized and group educational opportunities for over 350 employees in a small geriatric healthcare facility in Western Massachusetts. The Geriatric Authority of Holyoke (GAH), is a 225-bed health care facility composed of professionals committed to providing quality services to elders in a nurturing environment. The United Food and Commercial Workers Union (UFCW, Local 1459) has represented GAH employees as their collective bargaining agent since 1979. The educational partner, the Massachusetts Career Development Institute (MCDI), has trained thousands of people to meet the employment needs of local industries for the past 27 years.

A Lifelong Learning Center was established in the GAH facility. An instructor was available on a flexible schedule to accommodate three shifts. Educational courses included GED studies, English as a Second Language, Math, Computer Awareness, CAN Enrichment, Telephone Techniques, College Preparation, English, Spelling, Business Writing, Reading Comprehension, Continuous Quality Improvement, and other topics selected by employees.

The approach to workplace education was institutionalized by integrating original, customized curriculum with technical skills workers used on their jobs and reinforced with commercially-produced textbooks. Employees had two hours of classes per week; one hour of work release time and, when possible, one hour of employees' personal time.

Original job-related curricula written for the program consisted of 19 booklets on skills CNAs needed to pass a state test in order to maintain their employment status. Other materials included an Activity Aide Manual, a Continuous Quality Improvement Reading Comprehension book, seven introductory books in mathematics, a booklet on how to use the dictionary, and a summary of English grammar. To simplify the replication process in other facilities, a book was written titled, *Principles and Guidelines to Design and Implement a Workforce Education Program*.

Successful outcomes of the program consisted of an increase in workers' self confidence and job performance, financial returns on investment, a positive attitude that personnel is the facility's greatest asset and that the future is built on educating its members.

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Cooperative Home Care Associates (CHCA)
Christine Archambault

Headquartered in the heart of the South Bronx, Cooperative Home Care Associates (CHCA) is a worker-owned home health care agency that currently employs more than 350 African American and Latina women. CHCA was founded in 1985 by the Community Service Society of New York. At that time, federal Medicare policy was forcing thousands of patients out of their hospital beds and back into their homes. New York's home care system was poorly prepared for this sudden increase in patients, many of whom exhibited illnesses that were far more serious than the system had previously managed.

In response, CHCA was conceived on the premise that home health care clients would receive a higher quality of care only if home health care workers had higher quality jobs. From that premise, CHCA was formed as a model home health care enterprise with three explicit goals:

1. Creating high quality paraprofessional jobs for low-income women,
2. Empowering those women with greater skills and self-confidence, and
3. Improving substantially the quality of practice in the home health care industry.

In twelve years, CHCA has achieved all three goals:

High Quality Job Creation

- 350 quality jobs have been created for African American and Latina women—the vast majority of whom had previously been reliant upon public assistance.
- CHCA wages, currently averaging $8/hour, are among the highest in the industry.
- The annual employee turnover rate is 20%, compared to an industry average of 40%.

Empowerment

- More than 80% of the employees are now "member-owners" of the cooperative, and elect from among themselves the majority of the company's board of directors.
- Home health aide training is learner-centered, and emphasizes critical thinking, problem-solving skills and cooperative team building.
- CHCA has supported several aides to become licensed practical nurses.

Home Health Care Practice

- CHCA has achieved the status of "yardstick corporation", a company valued by government regulators, union officials, healthcare administrators and consumer organizations as a trusted model of excellent home care management.
- CHCA has led the development of a new school of thought for paraprofessional home health care that emphasized quality jobs and quality care. The United Hospital Fund of New York published a paper in 1994 articulating this school of thought in a paper entitled, *Better Jobs, Better Care: Building the Home Care Work Force*.
- CHCA authored a policy report in 1990 that helped set the framework for debate in New York State on the relationship between quality paraprofessional jobs and quality service.

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BIOGRAPHIES

Christine Archambault is Executive Vice President for Cooperative Home Care Associates (CHCA). With more than thirty years of clinical and personal experience with adults with disabilities and the elderly in a variety of settings, Christine became and remains involved with the Independent Living movement. Since 1994, a member of a worker-owned cooperative providing paraprofessional services to ill and disabled people in their homes in the Bronx and Manhattan—Cooperative Home Care Associate's model promotes the mutual interests of the consumer and the worker in a way that is professionally and personally satisfying.

Francine Boren Gilkenson, Ph.D., is currently the Director of Special Projects for the 1199 Hospital League Training and Upgrading Fund which is the largest training organization of health care workers in the United States. Francine is responsible for the development of training and education programs for at-risk, laid off, and employed workers affected by the changes in the reengineered health care environment. The primary concern of the Office of Special Projects is the development of curriculum materials, assessment tools, and the provision of models of teaching/learning which build in literacy, technical training, and opportunities for future career development. Prior to working with 1199, Dr. Gilkenson was the Director of Education and Training for the Consortium for Worker Education (CWE), an education, training, and job placement service for both working union members and dislocated workers from both the union and non-union sectors.

Doris Dingle, Ed.D., is Associate Professor Emerita of the City University of New York (CUNY). Doris is an expert in the field of business teacher education/training and a consultant in office support services for business and industry. She is currently Associate Trainer in a three-year grant from the U.S. Department of Education, National Workplace Literacy Program, under the auspices of the Business and Professional Development Institute (BPDI), Bronx Community College, the City University of New York. In that capacity, she has delivered customized workplace training to employees from diverse language, work experience, and educational backgrounds. She has worked with BPDI since 1987.

William Ebenstein, Ph.D., has been Director of the City University of New York (CUNY) Consortium for the Study of Disabilities since it was founded in 1989. The Consortium of eight CUNY and State University of New York (SUNY) colleges provides specialized undergraduate training to paraprofessionals in health, education, and social service occupations. Dr. Ebenstein is the author of the 1993 monograph *Cultural Diversity and the Developmental Disabilities Workforce*, published by the New York State Developmental Disabilities Planning Council. He is also the editor of the book *Opportunities for Excellence: Supporting the Frontline Workforce*, published in 1996 by the U.S. Department of Health and Human Services.

Lorna Finch has over eighteen years of experience in the field of adult education, ranging from Adult Basic Education (ABE) to on-site programs for UAW Ford and Blue Cross Blue Shield of Missouri. Educated in Northern Ireland, Lorna has lived and worked in various locations in the U.S., from New York City to El Paso, Texas. These diverse experiences give Lorna a unique perspective on adult education in the workplace. Currently, she coordinates a federally funded workplace literacy program within the St. Louis Community College's Workplace Literacy Services Center. The partner industries in this program are Barnes Jewish Health Systems and Sigma Chemical Company. In addition, Lorna is involved in initiating several Welfare-to-Work projects within the college.

Claude D. Grant, M.S., is the founder and Director of the Business and Professional Development Institute (BPDI) at Bronx Community College. The Business Institute provides a variety of training services throughout the Greater New York Area and he has coordinated these services since 1986, in addition to providing hands-on training. His nine years of previous experience as a substance abuse counselor/medical technician enables him to understand the workings of medical facilities. He is also an instructor in the English Department at Bronx Community College.

Natalie Hannon, Ph.D., is the Director of Training and Staff Development at Bronx-Lebanon Hospital Center in the Bronx, New York where she is responsible for all of the non-clinical training for staff including *bedside manner* for house staff and literacy training for housekeeping. She is also an Assistant Professor at Herbert H. Lehman College (CUNY), and is the co-author of three books; two on death and dying and one on the sociology of the family.

Harvey Huth, Ph.D., is Assistant Director of the Civil Service Employees Association's Labor Education Action Program (CSEA-LEAP). The LEAP program provides educational benefits to over 90,000 New York State public employees. Dr. Huth has served as a member of the CSEA-GOER labor/management team that operates Project REACH - New York State's workplace skill enhancement program for CSEA-represented employees. Additionally, his consulting firm, Huth Consulting Associates, has provided teacher training programs to over 3,000 proprietary school instructors throughout New York State for the past 23 years. He has also provided management consulting with companies and organizations on *Conflict Management*, *Communications*, *Customer Service*, *Labor and Management Collaboration*, *Staff Development*, and *Human Resource Management*.

Christine A. Katchmar, M.S., is the Director of Continuing Corporate and Distance Education at Rensselaer Polytechnic Institute in Rensselaer, New York where she is responsible for their award-winning distance learning initiative. Christine's background in workplace, continuing, and distance education has come from experience as an educator, a trainer, and an administrator. She was previously with Rockefeller College of Public Affairs and Policy of the State University of New York, most recently as Director of Workforce Education. Christine has been recognized by The Eddy of Northeast Health for her work in the design, development, and implementation of their system-wide customer service education program.

Robert Knower, M.S., is the Workplace Literacy Coordinator in the Office of Workforce Preparation and Continuing Education at the New York State Education Department (NYSED). In this capacity, he has written and directed two National Workplace Literacy grants—one in health care, and one in manufacturing. Mr. Knower also coordinates New York State's $1.4 million workplace literacy grant program serving 10,000 union members annually. Prior to joining NYSED, Bob coordinated a workplace education program for the Civil Service Employees Association—AFSCME Local 1000. Bob taught at the Albany Adult Learning Center and was a Peace Corps Volunteer in Honduras.

Barbara McCandless, M.S., is Vice President of Corporate Human Resources at Northeast Health in Troy, New York. Northeast Health is a regional, comprehensive network of healthcare services, primarily for seniors, serving 18,000 individuals in 13 counties in northeastern New York. Ms. McCandless has served for fifteen years in Human Resource positions which have included all aspects of Human Resource management in both the private and public sector. Barbara has been guiding the implementation of the three-year National Workplace Literacy Program grant *Essential Skills for the Care Team* and *New Directions in Customer Service* at The Eddy/Northeast Health facilities.

Larry Mikulecky, Ph.D., is Professor of Education and Chairman of the Language Education Department at Indiana University, Bloomington. His research examines the literacy requirements for success in business, the military, universities and secondary schools. His most recent research examines literacy and technology, especially in School-to-Work transition programs. He has served as principal investigator on over thirty research projects funded by the U.S. Departments of Education and Labor as well as foundation and corporate sponsorship. Mikulecky has published over 150 journal articles, textbook chapters, and textbooks. Mikulecky is lead author on the recent Simon & Schuster series, *Strategic Skill Builders for Banking*, as well as the basic skills series, *On the Job*, published by Cambridge Publications. He has also been Project Director for nearly a dozen Computer Assisted Instruction study skills programs designed for college students with funding from the federal government and corporate sponsors.

James Parker, M.S., is the National Coordinator of Workforce Education for the U.S. Department of Education. Mr. Parker also currently serves as Area Coordinator for the Southern States, and Project Officer for the USA-Mexico Border Project and PRO-NET professional Development Project. He has worked with the U.S. Department of Commerce, the Library of Congress, and, since 1970, the U.S. Department of Education. Jim has authored and edited numerous publications in the areas of Competency-Based Education, Workforce Education, Program Policy and Evaluation, Staff Development, and Adult Education Futures.

Jorie W. Philippi, M.S., is the founder and director of Performance Plus Learning Consultants, Inc. She has extensive experience in workplace basic skills education, curriculum development, teacher training, and program evaluation. From 1984-1987, Philippi served as director of the Basic Skills Education Program in reading for enlisted U.S. Army service members in Europe, where she designed and authored a military job-specific curriculum and accompanying standardized tests, led teacher in-service training, and conducted a formal evaluation of the U.S. Army program. Since that time, Philippi has been responsible for designing dozens of functional context basic skills curricula for workers and young adults and for monitoring and evaluating program implementation. Philippi has authored numerous textbook chapters and professional articles, including a workplace literacy 'how-to' manual, *Literacy at Work: The Workbook for Program Developers* and a video-based train-the-trainer series, *Retraining the Workforce: Meeting the Global Challenge*.

Dorothy Seidel, R.N., is a business partner from the Geriatric Authority of Holyoke (GAH). Dorothy has over twenty eight years experience in long-term health care as a registered nurse, supervisor, member of the Utilization Review Committee, and In-Service and Quality Assurance Coordinator. She manages and teaches in the GAH Lifelong Learning Center, organizes ongoing staff development, and conducts orientation programs.

Wilma Sheffer directs numerous literacy and essential skills programs for St. Louis Community College and has over twenty years experience in serving Missouri residents. Since 1992, Ms Sheffer has been instrumental in developing model training programs funded through two demonstration grants by the U.S. Department of Education's National Workplace Literacy Partnership program. Ms Sheffer also directs the UAW/Ford St. Louis Plant's *Skills Enhancement Program* and the UAW/GM *Skills Center* (Hazelwood, MO) and, effective September 1997, the new St. Louis Community College AmeriCorps Education Award. Editor of the *Connect II* newsletter and a leader among St. Louis literacy providers, Wilma presents regularly at national, state, and local conferences and meetings.

Harriet S. Spector is a program manager with the New York State Governor's Office of Employee Relations (GOER). Harriet provides administrative, technical, and creative oversight and support in the design and implementation of employee development programs. The programs range from basic skills courses for New York State's entry-level workers to programs designed for mid- and upper-level supervisors and managers. In addition, Harriet is GOER's Project Manager for the award winning, federally-funded Distance Learning Program.

Lorry Villemaire, M.A., is a curriculum developer at the Massachusetts Career Development Institute (MCDI). Lorry has vast educational experience as a teacher, administrator, personnel director, and curriculum consultant. She has presented numerous workshops and courses on competency-based curriculum development and adult education.

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EXHIBITORS

Bronx Community College
Workshops in the Workplace (curricula and videos)
Contact: **Claude D. Grant**, Project Director
The Business & Professional Development Institute (BPDI)
Bronx Community College - Philosophy Hall Room 14
The City University of New York
West 181st Street & University Avenue
Bronx, NY 10453
(718) 289-5174 or *71211.3721@compuserve.com*

Center for Advanced Study in Education/City University of New York (CASE/CUNY)
Self-Directed Workplace Literacy Distance Learning for Developmental Disabilities Workers
(Student study guide/videos, instructor's manual, video guide)
Contact: **Verna Haskins Denny**, Director
25 West 43rd Street, Room 620
CASE/CUNY
New York, New York 10036
(212) 642-2937 or *vdenny@email.gc.cuny.edu*

Cooperative Home Care Associates (CHCA)
Brochures available concerning this worker-owned home health care agency
Contact: **Christine Archambault**, Executive Vice President (in charge of training)
Home Care Associates Training Institute, Inc.
349 East 149th Street, Fifth Floor
Bronx, New York 10451
(718) 993-7104 Ext. 222

Maryland State Department of Education
Portfolio Assessment: Celebrating Achievement in Workplace Education (video and instructional handbook)
Contact: **Patricia Bennett**, Section Chief
Labor Education Achievement Program (LEAP)
Adult Instructional Services
Maryland State Department of Education
200 West Baltimore St.
Baltimore, MD 21201
(410) 767-0168 or *pbennett@msde.state.md.us*

Massachusetts Career Development Institute (MCDI)
Principles and Guidelines to Design and Implement a Workplace Education Program (guiding documents)
Contact: **Lorry Villemaire**, Curriculum Consultant
Massachusetts Career Development Institute
140 Wilbraham Avenue
Springfield, MA 01109
(413) 781-5640 Ext. 240

New York State Governor's Office of Employee Relations (GOER) and Civil Service Employees Association, Inc. (CSEA)
"Project REACH's 10 Steps for Being on Target" (paper on workplace education implementation strategies)

Contact:	**Harriet Spector**, Program Manager NYS GOER-DDS Agency Building 2, 7th Floor 2 Empire State Plaza, Suite 1201 Albany, NY 12223-1250 (518) 474-9668 or *hspector@goer.state.ny.us*	OR	**Harvey Huth**, Assistant Director LEAP-CSEA One Lear Jet Lane, Suite 3 Latham, NY 12110-2393 (518) 785-4669 or *leapharvey@aol.com*

Rockefeller College/The Eddy Northeast Health
Essential Skills for the Care Team and *New Directions in Customer Service* (curricula and videos)
Contact: **Eugene J. Monaco**, Special Assistant to the Provost
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St. Louis Community College
The New Paradigm (curricula)
Contact: **Wilma Sheffer**, Director for Workplace Literacy
St. Louis Community College
5600 Oakland Avenue, Room G311
St. Louis, MO 63110
(314) 644-9603 or *wsheffer@fpmail.stlcc.cc.mo.us*

1199/Hospital League Training Fund
"Intensive Short-Term Retraining for At Risk Workers with Low Literacy" by Deborah D'Amico, Ph.D.
(This commissioned study looks at the effects of combining technical education with basic skills instruction)
Contact: **Francine Boren Gilkenson**, Director of Special Projects
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330 W. 42nd Street, 8th Fl.
New York, New York 10036
(212) 494-0553

The Center for Health Workforce Studies
"The Changing Health Care System in New York City: Implications for the Health Workforce"
(A report to The Planning and Placement Fund of 1199/League Employment, Training, and Job Security Fund)
Contact: **Edward Salzberg**, Director
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"Quality occurs in the relationship between a patient and their frontline worker. That is *everything*. The system should be designed to support *that* relationship. It should be designed *around* that. When we do that, training becomes critical—so, it's not an afterthought that's just added on. It should be something that is the *center*—building out to support the 'frontline worker/consumer' relationship, where quality is determined."

William Ebenstein
Reaching Up - The Consortium for the Study of Disabilities

The
Eddy
A MEMBER OF NORTHEAST HEALTH

1844

Rockefeller College
UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK